

COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS

**POST OFFICE BOX 1529
LAKE CITY, FLORIDA 32056-1529**

CONSENT AGENDA

NOVEMBER 18, 2010

- (1) Columbia County Emergency Medical Services - Refund Request -
Aetna - \$68.00**
- (2) Columbia County Emergency Medical Services - Refund Request -
BCBS Overpayment Department AT - \$261.06**
- (3) Columbia County Emergency Medical Services - Refund Request -
BCBS Overpayment Recovery Department AT - \$114.17**
- (4) Public Library - Fort White Branch Hours - Monday & Wednesday
11am to 6 pm - Tuesday & Thursday 11am to 7pm - Friday &
Saturday 11am to 5pm - Closed Sunday**
- (5) Mutual Aid Agreement - Columbia County Fire/Rescue/Board of
County Commissioners and City of High Springs**
- (6) Resolution - Changing the Board of County Commissioners Meeting
from February 17 to February 15, 2011@ 7: 00 P.M.**
- (7) Proclamation - Declaring Gold Award Recognition in Behalf of Lisa
Glenn - Girl Scout Troop Number 733**
- (8) Agreement - Adopt-A-Shore Program - Columbia County Board of
County Commissioners/Current Problems, Inc.**
- (9) 9-1-1 Addressing - Approval of Street/Road Name - NW
Edenfield Glen**

- (10) Property Appraiser's Office - Constitutional Officer's Report - Period Ending October 1, 2009 through September 30, 2010
- (11) Agreement - State of Florida Department of Environmental Protection/Columbia County Board of County Commissioners - State Revolving Fund - Amendment 1 to Loan Agreement DW 120400
- (12) Columbia County Health Department - Fourth Activities and Expenditures Report - Period Ending September 30, 2010
- (13) Utility Permit - AT&T SE Florida - SE Bailey Street
- (14) Utility Permit - AT&T SE Florida - SW Buchanan Drive to SW January Drive
- (15) Agreement - Solid Waste Department - FY 2010-2011 Consolidated Small County Grant Agreement - \$70,588.00
- (16) Building and Zoning - Special Family Lot Permit - Cassie L. Edenfield - Wilson and Vera Edenfield, Property Owner
- (17) Minute Approval - Joint Workshop - Board of County Commissioners and Industrial Development Authority - October 5, 2010
- (18) Minute Approval - Board of County Commissioners - Regular Meeting - October 21, 2010

#1

COLUMBIA COUNTY EMERGENCY MEDICAL SERVICES
P.O. BOX 2949
LAKE CITY FL, 32056
(386) 752-8787* FAX (386) 719-7498

To: Accounting Department

Fr: Vicky Simmons

Dt: November 09, 2010

Re: Refund Request-097974

Due to an error in processing on behalf of AETNA, an overpayment has occurred on the account below. Please issue a check in the amount of \$68.00 made payable to:

AETNA
P.O. Box 14079
Lexington, KY 40512-4079

Patient	Date of Services	Amount
Roger Cray W154169050	11/05/2010	\$68.00

Thank you in advance for your cooperation.

#2

COLUMBIA COUNTY EMERGENCY MEDICAL SERVICES
P.O. BOX 2949
LAKE CITY FL, 32056
(386) 752-8787* FAX (386) 719-7498

To: Accounting Department

Fr: Vicky Simmons

Dt: November 09, 2010

Re: Refund Request

Due to an error in processing on behalf of BCBS, overpayments have occurred on the accounts below. Please issue a check in the amount of \$261.06 made payable to:

Overpayment
Department AT 4032
Atlanta, GA 31192

Patient	Date of Services	Amount
Nan Williams-094854	07/06/2009	\$29.98
09399	06/05/2009	\$25.30
E.F. Cook-094854	07/13/2009	\$37.24
Arthur Mogenberg-094235	06/13/2009	\$28.00
David Lee-094326	06/16/2009	\$29.32
Patricia Lee-094071	06/08/2009	\$34.60
Ernest Coles-094118	06/10/2009	\$24.64
Inez Johnson-093401	05/14/2009	\$28.66
George Hudson-095247	07/21/2009	\$23.32

Thank you in advance for your cooperation.

#3

**COLUMBIA COUNTY EMERGENCY MEDICAL SERVICES
P.O. BOX 2949
LAKE CITY FL, 32056
(386) 752-8787* FAX (386) 719-7498**

To: Accounting Department

Fr: Vicky Simmons

Dt: November 09, 2010

Re: Refund Request

Due to an error in processing on behalf of BCBS, an overpayment has occurred on the account below. Please issue a check in the amount of \$114.17. made payable to:

Overpayment Recovery
Department AT 40328
Atlanta, GA 31192

Patient	Date of Services	Amount
Koval-094036	06/06/2009	\$114.17

Thank you in advance for your cooperation.

11-18-10
Agenda

#4

Memo

To: Dale Williams
From: Debbie Paulson *DJP*
Date: 10/29/2010
Re: New Hours for Fort White Branch Library

Below are new open hours for the Fort White Branch Library when the new facility opens:

Monday	11am-6pm
Tuesday	11am-7pm
Wednesday	11am-6pm
Thursday	11am-7pm
Friday	11am-5pm
Saturday	11am-5pm
Sunday	Closed

These new hours are four more than the current number and are more consistent with the same opening time each day. We will be able to do this with the same number of staff and the FW Branch Manager has already developed a work schedule for her staff.

If you agree, I would appreciate it very much if you would please place this on the BCC's November 18th meeting agenda. Please let me know if you need further information.

Thank you very much.

#5

COLUMBIA COUNTY FIRE DEPARTMENT

135 NE HERNANDO AVENUE

P. O. BOX 1529

SUITE 203

LAKE CITY, FL 32055




PHONE (386) 754-7089

FAX (386) 758-2182

A.B. ATKINSON, III
Fire Chief

Date: 10-29-10

To: Dale Williams, County Manager
Board of County Commissioners

From: Tres Atkinson, Fire Chief 

RECEIVED

OCT 29 2010

Board of County Commissioners
Columbia County

Re: Mutual Aid Agreement

Attached you will find a draft copy of a mutual aid agreement with the City of High Springs. This is a non monetary agreement that allows us to help each other in time of need. This is also an ISO requirement as we continue to better our rate.

As you can see the agreement has been approved by the County Attorney. We would also like to use this agreement as a template for other agencies surrounding our jurisdiction

If you have any questions please don't hesitate to contact me.

FEAGLE & FEAGLE, ATTORNEYS, P.A.
ATTORNEYS AT LAW
153 NE MADISON STREET
POST OFFICE BOX 1653
LAKE CITY, FLORIDA 32056-1653
(386) 752-7191
Fax: (386) 758-0950

Marlin M. Feagle
e-mail: mfeagle@bellsouth.net

October 21, 2010

Mark E. Feagle
e-mail: mfeagle@bellsouth.net

Mr. Tres Atkinson
Fire Chief
Columbia County Fire/Rescue
370 SE Racetrack Lane
Lake City, Florida 32025


Re: ISO Required Mutual Aid Agreement

Dear Mr. Atkinson:

This will confirm my telephone call to your office on October 18, 2010. I have reviewed the Fire/Rescue Mutual Aid Agreement between the City of High Springs and Columbia County which was provided with your Memo dated October 15, 2010. This agreement appears to be in proper legal form. It will need to be approved by the Board of County Commissioners.

If you have any specific issues regarding the agreement that you would like to discuss, please do not hesitate to give me a call.

Very truly yours,


Marlin M. Feagle

MMF:dse
cc: Mr. Dale Williams

Fire - Rescue

Mutual Aid Agreement

Between the City of High Springs and Columbia County

This Mutual Aid Agreement between the City of High Springs, Florida and Columbia County, Florida is hereby made and entered into this ____ day of _____ 2010, by and between the City of High Springs, a Florida municipal corporation organized under the laws of the State of Florida, hereinafter referred to as the "CITY" and Columbia County, a charter county and political subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as the "COUNTY".

WITNESSETH:

Whereas, Chapter 163, Florida Statutes, authorizes public agencies, including counties and cities, to enter into agreements to provide services and to exercise jointly the power, privilege, or authority they share in common and which each might exercise separately; and,

Whereas, both the City and the County deem it appropriate and in furtherance of the public health, safety, and welfare to enter into an Mutual Aid Agreement to provide for fire rescue services; and,

Whereas, both the City and County is authorized to lawfully provide, establish, maintain, and operate firefighting and other emergency services; and

Whereas, both the City and County have facilities located in such a manner as to enable each party to render mutual assistance to the other; and

Whereas, both the City and County each own and maintain emergency equipment and retains personnel who are trained to provide various levels of service in the control of fire, emergency medical service equipment and personnel, hazardous materials control and/or other support; and

Whereas, at times, one of the parties hereto may have fire fighting, rescue, emergency medical service, disaster relief and related demands made upon its equipment or personnel, or both, greater than the capacity of the equipment or personnel available within its own jurisdiction; and

Whereas, during those events which cause demands greater than the capacity of the equipment or personnel resources available to a party hereto, it would be advantageous to that party to have available to it the equipment or personnel, or both, of one or more of the other parties for backup

purposes, direct assignment to an active incident, or the management of a disaster; and

Whereas, the parties hereto acknowledge that said emergency events and disasters occur without prior warning, without a set pattern or frequency and without regard to life, limb, or property; and

Whereas, the parties hereto further recognize that there is great mutual advantage in providing, prior to any emergency operation or disaster, for mutual aid and assistance, planning, deployment analysis and projections, mutual backup and cooperative use of the resources available among the affected parties, in order that lives and property may be saved; and

Whereas, said mutual aid, and other cooperative use of resources benefits all directly or indirectly concerned; and

Whereas, it is the intent of the parties to this Agreement to provide for mutual aid in general, automatic aid in specific instances when agreed to between the participating parties, and special operations when authorized by supplemental agreements, to improve efficiency or for unforeseen emergencies beyond the normal capabilities of a single party.

Whereas, it is not the intent of the parties that the mutual aid aspect of this agreement subsidize normal day-to-day operations of another party; and

Whereas, participation in this agreement shall not diminish any existing local governments process or power;

Now, therefore, in consideration of the mutual covenants declared herein and other good and valuable consideration, the sufficiency thereof being acknowledged by each Party, the Parties agree to enter into a Mutual Aid Agreement which will be recorded in the public record of the City of High Springs and Columbia County as follows:

Section 1. Purpose and Intent of Agreement

The parties agree to provide mutual aid for reported structure fires, fire alarms, rescue scenarios and brush fires. The parties further agree to provide for reciprocal aid and assistance by providing fire, rescue, hazardous material and other similar emergency services in the event of disasters resulting from natural phenomena, accidents, or otherwise when the disaster is too great to be handled without assistance. The intent of this agreement is to provide the most efficient life and property savings to the citizens of the parties. The parties agree to provide such reciprocal assistance on a mutual aid basis utilizing the units nearest to the incident based on availability.

This agreement is not intended and shall not be construed to in any way deprive a party of jurisdictional powers vested in said party, nor is it the intention of the parties to combine their individual departments into a single department or district providing the services encompassed by this agreement.

Section 2. Request for Assistance

1. The following officials of the requesting party are authorized to request mutual aid from the responding party pursuant to this agreement,
 - a) Fire Chief, Deputy Chief, Assistant Chief(s) or
 - b) The Senior Officer in Charge/Command of the Requesting Party's Fire Department.
 - c) The Incident Commander in charge of an incident in progress.

Section 3. Response to Request

1. When a Request for Assistance is made by one of the parties identified above the request will include the following information:
 - a) Determine if the requested equipment and personnel are available;
 - b) The general nature and type of emergency;
 - c) The location of the emergency;
 - d) The life or property hazard involved and the type of equipment and/or number of personnel requested;
 - e) Street routing information when necessary.
2. Dispatch the requested equipment and personnel to the scene of the emergency with proper operating instructions.
3. The initial request for assistance shall be transmitted by radio, telephone, or other reliable method to the appropriate dispatch/communication center of the Responding Party.

Section 4. Duties and Level of Service

Once the Responding Party reaches the Requesting Party's emergency or disaster site, the Parties agree that the Requesting Party's Incident Commander shall direct the activities and deployment of personnel and equipment in the area where the emergency exists.

Control of each Respective Party's personnel shall remain with each respective party as to the rendition of service, standards of performance, discipline of officers and employees and other matters incident to the performance of services by the Responding Party's personnel.

The officer in command of the personnel of the Responding Party shall not be obligated to obey any order which said officer reasonably believes to be either in violation of the laws of the State of Florida, the United States of America, or any order which said officer believes will unnecessarily results in the likelihood of unreasonable risk of death or bodily injury to the agents, officers, or employees of the Responding party, or in a loss of or damage to the Responding party's equipment.

All parties to this agreement stipulate that they will adhere to the National Incident Management System (NIMS) and will utilize the "Incident Command System" as adopted.

The first arriving unit will establish command and control of all emergencies. Once "Command" has been established it shall not be relinquished until a higher ranking officer from either agency arrives and formally assumes "command" of the incident. It shall be the practice of establishing a "unified command" upon the arrival of a commanding officer from both agencies as outlines in the State of Florida Field Operations Guide (FOG).

It is further recognized that a "unified command system" provides for a higher level of efficiency and a safer working environment for all parties involved.

Section 5. Liabilities and Responsibilities of Parties

No party hereto, its respective officers or employees, shall assume any liability for their acts, omissions or negligence of the other party, its officers or employees.

All of the privileges and immunities from liability, exemptions from laws, ordinances and rules, and all pensions and relief, disability, workers compensation and other benefits which apply to the activity of officers or employees of a party when performing their respective functions within the territorial limits for their respective agencies shall also apply to the same degree and to the extent to the performance of such functions and duties extraterritorially when accomplished pursuant to this Agreement.

Except as herein otherwise provided, all liability for injury to personnel and for loss and damage of equipment shall be borne by the party employing such personnel and owning such equipment.

Section 6. Compensation

Each party agrees that it will not seek compensation for services rendered under this agreement from any other party to this agreement.

Section 7. Insurance

Each party shall provide insurance coverage for all resources owned, purchased or leased by such party and all personnel used under the terms of this agreement.

Section 8. Agreement Not Exclusive

This agreement is not intended to be exclusive as between parties hereto. Either of the parties may, as that party deems necessary or expedient, enter into a separate Mutual Aid Agreement or Agreements with any other party or parties.

Entry into such separate Agreements shall not change any relationship or covenant herein contained unless the parties hereto mutually agree in writing to such change.

Section 9. Duration and Termination

This Agreement shall become affective for each party upon the date of execution by such party and shall remain in force and effect until participation is terminated by giving to the other parties thirty (30) days notice of termination in writing.

Section 10. Entire Agreement

This Mutual Aid Agreement constitutes the entire agreement between the Parties.

Dated: _____

ATTEST:

City Clerk

City of High Springs

By: _____

Mayor

Dated: _____

ATTEST:

County Clerk

County of Columbia

By: _____

Chairman, Board of County Commissioners

#6

**COLUMBIA COUNTY, FLORIDA
RESOLUTION NUMBER 2010R-49**

**A RESOLUTION OF THE BOARD OF COUNTY
COMMISSIONERS OF COLUMBIA COUNTY, FLORIDA
SETTING THE REGULAR SCHEDULED MEETING OF
THE COLUMBIA COUNTY BOARD OF COUNTY
COMMISSIONERS ON FEBRUARY 15, 2011, AND
PROVIDING NOTICE THEREOF.**

WHEREAS, the Columbia County, Florida Charter effective January 1, 2003,
provides the Board of County Commissioners shall provide by resolution for the location,
time, and place for holding all its regular meetings.

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY
COMMISSIONERS OF COLUMBIA COUNTY, FLORIDA**, as follows:

1. The second regular meeting scheduled for the month of February of the Board of
County Commissioners shall be held on Tuesday, February 15, 2011 beginning at
7:00 p.m. at the Columbia County School Board Administrative Complex, 372 West
Duval Street, Lake City, Florida.

2. Notice of the time and place of this meeting shall be published in a newspaper of
general circulation in Columbia County at least one (1) week prior to such meeting.

UNANIMOUSLY PASSED AND ADOPTED at its regular meeting of the Board of
County Commissioners of Columbia County, Florida, on this 18th day of November
2010.

**BOARD OF COUNTY COMMISSIONERS
COLUMBIA COUNTY, FLORIDA**

By: _____
Ronald W. Williams, Chairman

ATTEST: _____
P. Dewitt Cason, Clerk of Court

#7

PROCLAMATION 2010P-9

*Declaring Gold Award
Recognition in behalf of Lisa Glenn*

WHEREAS, Lisa Glenn of Troop Number 733 hosted a Rape, Aggression, Defense (RAD) workshop to educate women in her Community about the need for awareness and self-defense; and

WHEREAS, the Gold Award is the highest recognition in Girl Scouting; and

WHEREAS, this award represents persistence, creativity, enthusiasm, effort and impact; and

WHEREAS, it is with great pride that we recognize your many accomplishments and continuous service to the Girl Scouts of America and your community; and

NOW, THEREFORE, through the authority vested in me by the Board of County Commissioners of Columbia County, Florida, I do hereby proclaim and acknowledge your dedication and commitment in serving your community.

Duly proclaimed this 18th day of November, A.D., 2010.

ATTEST:

*Board of County Commissioners
Columbia County, Florida*

P. DeWitt Cason, Clerk

*BY: _____
Ronald W. Williams, Chairman*

#8

**ADOPT-A-SHORE PROGRAM AGREEMENT BETWEEN:
COLUMBIA COUNTY and CURRENT PROBLEMS, INC.**

This Agreement, made and entered into this 1st day of October 2010, by and between Columbia County hereinafter referred to as the "County" and Current Problems, Inc., hereinafter referred to as "C.P."

WITNESSETH

WHEREAS, Columbia County, in cooperation with the cities/towns within Columbia county, through the Solid Waste Management Department applied for and received a Litter and Marine Debris Prevention Grant from the Florida Solid Waste Management Trust Fund; and

WHEREAS, Columbia County, by approving the grant has sanctioned the use of \$10,000.00 to conduct an Adopt-A-Shore (AAS) program through C.P.;

NOW, THEREFORE, in consideration of the mutual covenant and conditions contained herein, the parties do mutually covenant and agree as follows:

(1) Allocation and Use of Grant Funds: The County agrees to make quarterly reimbursements to C.P. for a total sum of \$10,000 in grant funds received from FDEP and C.P. agrees to use the allocated funds to purchase containers, equipment, educational materials, other necessary hardware to conduct a shoreline cleanup program, and to compensate the local AAS coordinator for salary and travel expense in accordance with Part II, section 5 (option #1) of the Litter and Marine Debris Prevention Grant Agreement between the FDEP and the County. The purchases and program supervision will be conducted by the local AAS coordinator. Funds will be spent by September 30, 2011. Invoices shall be submitted to the County no later than September 30, 2011.

(2) Use of Equipment: Any and all equipment and educational materials purchased with the funds made available pursuant to this agreement will be used by C.P. to, in good faith, pursue the successful provision of a AAS program. C.P. shall be responsible for the care and maintenance of such equipment and shall protect such equipment as it would protect any items of public property. No equipment or materials purchased with funds made available pursuant to this agreement may be sublet without the prior, written approval of the County. If, in the opinion of the County, the equipment ever becomes idle, C.P. shall liquidate the equipment and shall return all such liquidated funds to the County whether or not the equipment has been subleased and without the necessity of any demand by the County for such funds.

(3) Payment of Funds: The County will pay \$10,000, in the form of quarterly reimbursements, to C.P. within 45 days after receipt of a request for payment with backup documentation

including copies of paid invoices. Such requests shall sufficiently document the appropriate expenditure of funds by C.P. Requests for payment shall be sent to:

Columbia County Board of County Commissioners
Attention: Dale Williams - County Coordinator
Post Office Drawer 1529
Lake City, Florida 32056-1529

With a copy to:

Columbia County Board of County Commissioners
County Public Works Department
Attention: Office of Waste Management
Post Office Drawer 1529
Lake City, Florida 32056-1529

Payments shall be made to:

Current Problems, Inc.
c/o Fritz S. Olson
Post Office Box 357098
Gainesville, Florida 32635-7098

If expenditures made by C.P. are disallowed by the State of Florida, any funds remitted to C.P. for said expenditure will be returned to the County.

(4) Reporting and Records: C.P. agrees to send quarterly reports to the County demonstrating the impact of the AAS program. Amount of debris removed, percent recycled, number of miles adopted, citizens participating, photo-metric index of specific problem areas, and amount of activity in County public schools shall be included in quarterly reports. Such reports will be forwarded without necessity of request by the County. Reports shall be submitted to:

Columbia County Board of County Commissioners
Attention: Dale Williams - County Coordinator
Post Office Drawer 1529
Lake City, Florida 32056-1529

(5) Notices: Except as otherwise provided herein, any notice, acceptance, request, or approval from either party to the other shall be in writing and sent by certified mail, return receipt requested, or by personal delivery and shall be deemed to have been received when either deposited in a United States Postal Service mailbox or personally delivered with signed proof of delivery. The County's and C.P.'s representative for notice purposes are:

COUNTY: Columbia County Board of County Commissioners
Attention: Dale Williams - County Coordinator Post Office
Drawer 1529
Lake City, Florida 32056-1529
386-758-1005

Current Problems, Inc.
AAS Coordinator
c/o Fritz S. Olson
PO Box 357098
Gainesville, Florida 32635-7098
352-264-6827

A copy of any notice to the County hereunder shall also be sent to :

P. DeWitt Cason - Clerk of the Circuit Court
Attention: Finance and Accounting
Post Office Drawer 1529
Lake City, Florida 32056-1529

(6) Term: This agreement shall commence on the date set forth above and shall, unless earlier terminated as provided herein, continue through September 30, 20010

(7) Termination: The County may terminate this agreement at any time upon failure of CP to comply with any of the provisions of this agreement.

(8) Recording: Upon execution of this agreement by all parties, the County will record a copy of this agreement in the public records of Columbia County, Florida.

END OF AGREEMENT

IN WITNESS WHEREOF, the parties have duly executed this agreement on the day and year above first written for the uses and expressed herein.

COLUMBIACOUNTY, FLORIDA

Ronald Williams CHAIR
BOARD OF COUNTY COMMISSIONERS

ATTEST:

P. DeWITT CASON
CLERK OF COURT
(SEAL)

CURRENT PROBLEMS, INC



FRITZI S. OLSON
EXECUTIVE DIRECTOR

ATTEST:



TOM WARD
TREASURER

APPROVED TO AS FORM

MARLIN FEAGLE
COLUMBIA COUNTY ATTORNEY

BCCA OR DCA APPROVAL LIST

11/2/2010

ID #	DIS	OLD NAME	OLD SUFFIX	OLD DRIVING DIRECTIONS	PREFIX	NEW ROAD NAME	NEW SUFFIX	NEW DRIVING DIRECTIONS	LOCATION	S-T-R	MB PAGE
3360	1	UNNAMED	RD	N US HWY 441, L NW LASSIE BLACK ST (CR246), R NW MORRELL DR, R UNNAMED RD (PRIVATE RD)	NW	EDENFIELD (NAME REQUESTED BY PRPOERTY OWNERS)	GLN	N US HWY 441, L NW LASSIE BLACK ST (CR246), R NW MORRELL DR, R NW EDENFIELD GLN (PRIVATE RD)	RUNS FROM NW MORRELL DR EAST TO DEADEND.	14-2S-16	25

J. DOYLE CREWS

PROPERTY APPRAISER - COLUMBIA COUNTY, FLORIDA

#10

Board of County Commissioners
Columbia County

RECEIVED
NOV 02 2010

October 18, 2010

Dale Williams
County Manager, Columbia County
Board of Commissioners
135 NE Hernando Ave., Ste. 203
Lake City, FL 32055

Dear Dale,

Attached please find the Constitutional Officer's Report for the Office of Columbia County Property Appraiser for the period of October 1, 2009 through September 30, 2010.

If you have any questions, please feel free to call me.

Sincerely,



J. Doyle Crews, CPA
Property Appraiser

JDC/mm
Encl

STATE OF FLORIDA CONSTITUTIONAL OFFICERS FINANCIAL REPORT FOR

CERTIFICATION

Name of governmental unit

COLUMBIA COUNTY PROPERTY APPRAISER

Address

135 NE HERNANDO AVE SUITE 238

City and zip Code

LAKE CITY, FLORIDA 32055

Name of chief financial officer

Title of chief financial officer

J. DOYLE CREWS, CFA

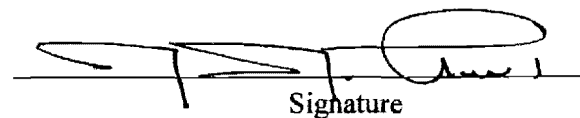
Telephone number (386) 758-1083

Person who may be contacted regarding this report.

Name J. DOYLE CREWS

Telephone number (386) 758-1083

I do solemnly swear that the information reported
herein is a true, correct and complete report of all revenues and
expenditures of my office for the year ending September 30, 2010.



Signature

Office of PROPERTY APPRAISER

COLUMBIA COUNTY

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to and subscribed before me this 18th day of October, 2010 by

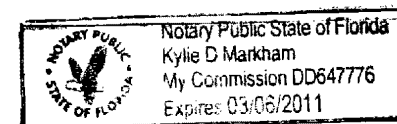

Signature of Notary Public - State of Florida

KYLIE D MARKHAM

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known X OR Produced Identification

Type of Identification Produced



FUND GROUP REVENUES AND EXPENDITURES/EXPENSES

REPORTING ENTITY: COLUMBIA COUNTY PROPERTY APPRAISER

REPORTING FUND GROUP 513

**REVENUES AND OTHER CREDITS
(311.00 THROUGH 390.000)**

<u>ACCOUNT NO.</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
341.56	BOARD OF COUNTY COMMISSIONERS	\$1,101,357.44
341.562	LAKE SHORE HOSPITAL AUTHORITY	\$ 129,476.81
341.563	COLUMBIA CO INDUSTRIAL DEVELOPMENT	\$ 7,883.09
341.564	SUWANNEE RIVER WATER MANAGEMENT DIST.	\$ 28,253.45
	EARNED FEES, INTEREST, COPIES AND MAPS	\$ 6,863.69

FUND GROUP REVENUES AND EXPENDITURES/EXPENSES

REPORTING ENTITY: **PROPERTY APPRAISER** ID NUMBER _____

REPORTING FUND GROUP: _____

REVENUES AND OTHER CREDITS
(511.000 THROUGH 592.000)

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
513.11	OFFICIAL SALARY	106,031.04
513.12	REGULAR SALARIES	705,364.01
513.13	TEMPORARY SALARIES	0.00
513.14	OVERTIME	1,338.80
513.15	SPECIAL PAY	27,833.34
513.21	FICA TAXES	62,777.42
513.22	OFFICIAL RETIREMENT	18,086.28
513.22	EMPLOYEES RETIREMENT	81,622.39
513.23	LIFE AND HEALTH INSURANCE	98,620.72
513.31	EDP SERVICES CONTRACT	26,166.36
513.31	APPRAISAL SERVICES	0.00
513.31	LEGAL SERVICES	9,681.66
513.32	ACCOUNTING AND AUDITING	305.00
513.34	OTHER CONTRACTURAL	15,000.00
513.34	OTHER CONTRACTURAL-MAPPING	5,000.00
513.40	TRAVEL	7,376.89
513.41	COMMUNICATIONS	6,631.28
513.42	POSTAGE	11,696.49
513.44	RENTALS AND LEASES	3,806.54
513.45	INSURANCE	101.00
513.46	REPAIRS AND MAINTENANCE OFFICE SPACE	1,326.78
513.46	REPAIRS AND MAINTENANCE OFFICE EQUIPMENT	6,333.00
513.46	REPAIRS AND MAINTENANCE - VEHICLE	10,061.63
513.46	REPAIRS AND MAINENANCE - EDP	11,241.20
513.47	PRINTING	2,732.80
513.49	LEGAL ADS	633.80
513.51	OFFICE SUPPLY - MAPPING	2,770.06
513.51	OFFICE SUPPLE - EDP	4,184.80
513.52	OFFICE SUPPLY - GENERAL	1,996.20
513.54	EDUCATION	4,744.00
513.54	DUES	5,346.40
513.55	SUBSCRIPTIONS	1,216.40
513.60	CAPITAL OUTLAY	26,944.50

TOTAL EXPENDITURES AND OTHER DEBITS

1,266,970.79

COMBINED STATEMENT OF POSITION
ALL FUND TYPES AND ACCOUNT GROUPS
REPORT AMOUNTS IN WHOLE DOLLARS ONLY

ASSETS AND OTHER DEBITS	Code	Governmental fund types	Proprietary fund types	Fiduciary fund types	General fixed assets	General long-term debt	Total (memorandum only)
Cash	10X	\$48,206			XXXXXXXXXX	XXXXXXXXXXXX	
Taxes and assessments receivable (net)	11X				XXXXXXXXXX	XXXXXXXXXXXX	
Accounts receivable (net)	115				XXXXXXXXXX	XXXXXXXXXXXX	
Interfund receivables and advances	13X				XXXXXXXXXX	XXXXXXXXXXXX	
Receivables from other governments	133				XXXXXXXXXX	XXXXXXXXXXXX	
Other receivables (net)	12X				XXXXXXXXXX	XXXXXXXXXXXX	
Inventories	14X				XXXXXXXXXX	XXXXXXXXXXXX	
Investments (net)	151				XXXXXXXXXX	XXXXXXXXXXXX	
Prepaid Items	155				XXXXXXXXXX	XXXXXXXXXXXX	
Other assets	156				XXXXXXXXXX	XXXXXXXXXXXX	
Fixed Assets	16X	XXXXXXXXXXXX				XXXXXXXXXXXX	
Amount available in debt service	180	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		
Amount to be provided	181	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		
TOTAL ASSETS AND OTHER DEBTS		\$48,206					\$48,206

(CONTINUED)

FORM DBF-AA-402

(Rev. 6/7/94)

COMBINED STATEMENT OF POSITION
ALL FUND TYPES AND ACCOUNT GROUPS
REPORT AMOUNTS IN WHOLE DOLLARS ONLY

		Governmental	Proprietary	Fiduciary	General	General	Total
LIABILITIES	Code	fund types	fund types	fund types	fixed assets	long-term debt	(memorandum only)
Accounts payable	2XX				XXXXXXXXXX	XXXXXXXXXXXX	
Interfund payables	20X				XXXXXXXXXX	XXXXXXXXXXXX	
Payables to other governments	208	\$48,206			XXXXXXXXXX		
Other liabilities	23X				XXXXXXXXXX		
Deposits	220				XXXXXXXXXX	XXXXXXXXXXXX	
Obligation under reverse repurchase agreements	223				XXXXXXXXXX	XXXXXXXXXXXX	
Deferred revenue	223				XXXXXXXXXX	XXXXXXXXXXXX	
Debt service payable	22X				XXXXXXXXXX		
Compensated absences	21X				XXXXXXXXXX		
TOTAL LIABILITIES		\$48,206					\$48,206

4:09 PM

11/01/10

Cash Basis

COLUMBIA COUNTY PROPERTY APPRAISER

Balance Sheet

As of September 30, 2010

	<u>Sep 30, 10</u>
ASSETS	
Current Assets	
Checking/Savings	
CCB-MMA	41,384.85
CCB-OPER	<u>-41,384.85</u>
Total Checking/Savings	<u>0.00</u>
Total Current Assets	<u>0.00</u>
TOTAL ASSETS	<u>0.00</u>
LIABILITIES & EQUITY	<u>0.00</u>

4:13 PM
11/01/10
Cash Basis

COLUMBIA COUNTY PROPERTY APPRAISER

Profit & Loss

October 2009 through September 2010

	Oct '09 - Sep 10
Ordinary Income/Expense	
Income	
FEES	
BCC	1,097,607.03
CCIDA	5,806.56
LSH	128,796.67
SRWMD	28,105.01
Total FEES	1,260,315.27
INTEREST	3,368.94
OTHER INCOME	
EDP INCOME	2,810.00
MAPS	362.00
R P FEES	200.75
Total OTHER INCOME	3,372.75
Total Income	1,267,056.96
Expense	
CAP OUTLAY	
EDP EQUIPMENT	26,944.50
Total CAP OUTLAY	26,944.50
OPERATING EXP	
ACCOUNTING	305.00
COMMUNICATIONS	6,631.28
DUES	5,346.40
EDP CONTRACT	26,166.36
EDUCATION	4,744.00
INSURANCE	101.00
LEASE & RENTAL	3,806.54
LEGAL & ACCTG.	9,681.66
LEGAL ADS	633.80
MAPPING SERVICES	5,000.00
OFFICE SUPPLIES	
OFF SUPP-EDP	4,184.80
OFF SUPP-GEN	1,996.20
OFF SUPP-MAP	2,770.06
Total OFFICE SUPPLIES	8,951.06
OTHER CONTRACTUAL SVCS.	15,000.00
POSTAGE	11,696.49
PRINTING	2,732.80
REPAIR & MAINTENANCE	
OFFICE SPACE	1,326.78
REP&MTCE-EDP	11,241.20
REP&MTCE-OFF EQ	6,333.00
REP&MTCE-VEH	10,061.63
Total REPAIR & MAINTENANCE	28,962.61
SUBSCRIPTIONS	1,216.40
TRAVEL	7,376.89
Total OPERATING EXP	138,352.29
PAYROLL	
Comp FICA	50,878.42
Comp Insurance	98,828.89
Comp MCARE	11,899.00
Comp RET	81,622.39
Comp RET-OFF	18,086.28
GROSS	
OVERTIME	1,338.80
PROP APPR	106,031.04
REGULAR	684,693.42
SPECIAL PAY	48,503.93
Total GROSS	840,567.19
Total PAYROLL	1,101,882.17

4:13 PM
11/01/10
Cash Basis

COLUMBIA COUNTY PROPERTY APPRAISER
Profit & Loss
October 2009 through September 2010

	Oct '09 - Sep 10
Total Expense	1,267,178.96
Net Ordinary Income	-122.00
Other Income/Expense	
Other Income	
Reimbursement	122.00
Total Other Income	122.00
Net Other Income	122.00
Net Income	0.00

2009/2010 BUDGET \$1,308,521

ACCOUNT	BUDGET	SPENT	REMAIN	EST.EXP	LEFTOVER
SALARY PA	106,032.00	106,031.04	0.96	0.00	0.96
SALARY OTHER	733,198.00	733,197.35	0.65	0.00	0.65
SALARY OT	3,500.00	1,338.80	2,161.20	0.00	2,161.20
SALARY SPEC			0.00		0.00
SALARY TEMP			0.00	0.00	0.00
SALARY PERM-PART TIME	0.00		0.00	0.00	0.00
FICA/MCARE	64,410.00	62,777.42	1,632.58	0.00	1,632.58
RET OFF	18,089.00	18,086.28	2.72	0.00	2.72
RET OTHERS	81,711.00	81,622.39	88.61	0.00	88.61
LIFE & HEALTH INSURANCE	107,655.00	98,620.72	9,034.28	0.00	9,034.28
PERS SERV SUB TOTAL	1,114,595.00	1,101,674.00	12,921.00	0.00	12,921.00
EDP CONT	29,600.00	26,166.36	3,433.64	0.00	3,433.64
ACCOUNTING	668.00	305.00	363.00	0.00	363.00
OTHER PROF SERV	0.00		0.00	0.00	0.00
OTHER CONT	15,000.00	15,000.00	0.00	0.00	0.00
OTHER MAP	5,500.00	5,000.00	500.00	0.00	500.00
LEGAL	9,700.00	9,681.66	18.34	0.00	18.34
TRAVEL	13,000.00	7,376.89	5,623.11	0.00	5,623.11
COMMUNICATIONS	6,632.00	6,631.28	0.72	0.00	0.72
POSTAGE	11,750.00	11,696.49	53.51	0.00	53.51
LEASE/RENTAL	4,400.00	3,806.54	593.46	0.00	593.46
INSURANCE	110.00	101.00	9.00	0.00	9.00
RM/OFF EQUIP	6,714.00	6,333.00	381.00	0.00	381.00
RM/VEH	12,000.00	10,061.63	1,938.37	0.00	1,938.37
RM/OFFICE SPACE	1,500.00	1,326.78	173.22	0.00	173.22
RM/EDP	13,850.00	11,241.20	2,608.80	0.00	2,608.80
PRINTING	5,200.00	2,732.80	2,467.20	0.00	2,467.20
LEGAL ADS	1,800.00	633.80	1,166.20	0.00	1,166.20
O/S GENERAL	3,800.00	1,996.20	1,803.80	0.00	1,803.80
O/S MAPPING	3,000.00	2,770.06	229.94	0.00	229.94
O/S EDP	5,000.00	4,184.80	815.20	0.00	815.20
DUES	5,350.00	5,346.40	3.60	0.00	3.60
EDUCATION	5,610.00	4,744.00	866.00	0.00	866.00
SUBSCRIPTIONS	1,225.00	1,218.40	6.60	0.00	6.60
OPERATING EXP SUB TOTAL	161,409.00	138,352.29	23,056.71	0.00	23,056.71

CAP OUTLAY EDP FURN	27,017.00	26,944.50	72.50		72.50
CONTINGENCY		0.00	0.00	0.00	
SPECIAL CONTINGENCY	5,500.00		5500	0.00	5,500.00
GRAND TOTAL	1,308,521.00	1,266,970.79	41,550.21	0.00	41,550.21
	0.00	0			
	0.00	0.00			
FIXED ASSET					
EDP INCOME	2,810.00	0.00	2,810.00	0.00	2,810.00
MAPPING INCOME	362.00	0.00	362.00	0.00	362.00
REIMBURSEMENT	122.00				122.00
RP FEES	200.75	0		0	200.75
SUB-TOTAL					3,494.75
INTEREST	3,368.94	0.00		0.00	3,368.94
			GRAND TOTAL		48,413.90
GIS MAPPING GRANT	0.00	0	0.00	0	0.00

#11

**STATE REVOLVING FUND
AMENDMENT 1 TO LOAN AGREEMENT DW120400
COLUMBIA COUNTY**

This amendment is executed by the STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION (Department) and COLUMBIA COUNTY, FLORIDA, existing as a local government agency (Local Government) under the laws of the State of Florida.

WITNESSETH:

WHEREAS, the Department and the Local Government entered into a State Revolving Fund Loan Agreement, Number DW120400; and

WHEREAS, Loan repayment activities need rescheduling to give the Local Government additional time to complete construction activities.

NOW, THEREFORE, the parties hereto agree as follows:

1. Unless repayment is further deferred by amendment of the Agreement, Semiannual Loan Payments as set forth in Section 10.05 shall be received by the Department beginning on August 15, 2011, and semiannually thereafter on February 15 and August 15 of each year until all amounts due under the Agreement have been fully paid.
2. The items scheduled under Subsections 10.07 (2), (3), (4), and (5) of the Agreement are rescheduled as follows:
 - (2) Completion of Project construction is scheduled for February 15, 2011.
 - (3) Establish the Loan Debt Service Account and begin Monthly Loan Deposits no later than February 15, 2011.
 - (4) The initial annual certification required under Subsection 2.01(10) of this Agreement shall be due May 15, 2011. Thereafter the certification shall be submitted no later than September 30 of each year until the final Semiannual Loan Payment is made.
 - (5) The first Semiannual Loan Payment in the amount of \$6,784 shall be due July 15, 2011.

All other terms and provisions of the Loan Agreement shall remain in effect.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

This Amendment 1 to Loan Agreement DW120400 shall be executed in three or more counterparts, any of which shall be regarded as an original and all of which constitute but one and the same instrument.

IN WITNESS WHEREOF, the Department has caused this amendment to the Loan Agreement to be executed on its behalf by the Deputy Director and the Local Government has caused this amendment to be executed on its behalf by its Authorized Representative and by its affixed seal. The effective date of this amendment shall be as set forth below by the Deputy Director.

for
COLUMBIA COUNTY

County Manager

Attest

I attest to the opinion expressed in Section 2.02
of the Agreement, entitled Legal
Authorization.

County Clerk

SEAL

County Attorney

for
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Deputy Director
Division of Water Resource Management

Date

10/4/10
Agenda

Charlie Crist
Governor



RECEIVED

#12

OCT 22 2010

Board of County Commissioners
Ana M. Velez, M.D., M.P.H.
Columbia County
State Surgeon General

October 21, 2010

Mr. Ron Williams, Chairman
Columbia County Board of Commissioners
PO Drawer 1529
Lake City, FL 32056

Dear Mr. Williams:

Attached is the fourth report of the activities and expenditures of the Columbia County Health Department (CHD) for the period ending 9/30/10. This report is required by Chapter 154, Florida Statutes, and the contract between the Department of Health and Columbia County. The report is made of the following sub-reports produced by the CHD Contract Management.

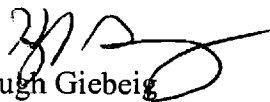
1. DE 385- "CHD Contract Management Variance": Which compares the actual services and expenditures with the contract plan for the report period.
2. DE 580- "Analysis of Fund Equities": Which shows revenue for the report period by source and the balance in the CHD trust fund.
3. Columbia CHD Program Service Variance Analysis: Which explains variances in actual expenditures that is greater or less than 25% of planned expenditure levels and exceeding 3% of total planned expenditures for its level of service.

The following is a summary of actual activities and expenditures compared to the contract plan for the three major levels: communicable disease, primary care and environmental health.

Level of Service	Total Served	Total Services	Planned Expenditures	Actual Expenditures	Variance
Communi- Cable Disease	7,297	15,260	738,141	710,394	-3.76
Primary Care	12,969	194,388	1,737,524	1,620,889	-6.71
Environ- Mental	1,520	9,746	729,209	724,702	-0.62
Total	21,786	219,394	3,204,874	3,059,526	-4.54

I will discuss this report with Mr. Dale Williams and should the Board have any questions, please let me know.

Sincerely,


 Hugh Giebeig
 Administrator

HG:en

Attachments

COLUMBIA CHD PROGRAM SERVICE AREA VARIANCE ANALYSIS

PERIOD DATE: Oct. 2009 9/30/2010
PREPARED BY: Hugh Giebeig

PROGRAM SERVICE AREA +/- 25% VARIANCE	VARIANCE		EXPLANATION	ACTIVITIES TO ACHIEVE PLANNED EXPENDITURE LEVEL	COMPLETION DATE
	%	AMOUNT			
Water & Onsite Sewage	-26.66	-78,943	Less time than anticipated	Adjusted in new contract	9/30/2010
Facility Program	30.31	22,390	More time than anticipated	Adjust in new contract	9/30/2010

Florida Department of Health County Health Department

Contract Management System

Variance Report

Columbia County for Report Period 10/2009 to 9/2010

Run date: 10/15/2010

Program Component / Title	F T E S			Clients or Units			Services			Expenditures		
	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance
Immunization	2.47	1.76	40.34	1,066	1,536	-30.60	2,142	2,900	-26.14	\$121,051	\$119,730	1.10
Sexually Trans. Dis.	2.18	2.18	0.00	395	265	49.06	1,729	958	80.48	\$121,687	\$123,990	-1.86
AIDS	3.42	3.31	3.32	207	259	-20.08	1,161	970	19.69	\$181,216	\$176,579	2.63
Tuberculosis	0.24	0.08	200.00	18	24	-25.00	219	179	22.35	\$16,255	\$15,878	2.38
Comm. Dis. Surv.	0.41	0.28	46.43	0	0		7	0		\$26,323	\$18,779	40.17
Hepatitis & Liver Failure Prev	0.01	0.00		50	0		79	0		\$524	\$0	
Public Health Preparedness and Response	2.23	1.60	39.38	0	0		0	0		\$196,383	\$225,000	-12.72
Vital Statistics	1.16	1.10	5.45	5,561	3,682	51.03	9,923	8,300	19.55	\$46,954	\$58,185	-19.30
Communicable Disease Total	12.12	10.31	17.56	7,297	5,768	26.55	15,260	13,307	14.68	\$710,394	\$738,141	-3.76
Chronic Disease Prevention Pro	0.08	0.30	-73.33	0	8	-100.00	0	41	-100.00	\$22,362	\$21,000	6.48
Tobacco Program	1.68	1.52	10.53	0	0		432	666	-35.14	\$160,942	\$165,000	-2.46
Home Health	0.00	0.00		0	0		0	0		\$0	\$0	
WIC	0.05	0.51	-90.20	3,583	4,122	-13.08	15,236	15,280	-0.29	\$2,669	\$20,440	-86.94
Family Planning	4.31	4.45	-3.15	959	1,016	-5.61	3,233	3,206	0.78	\$268,939	\$301,414	-11.44
Maternal Health/IGO	1.67	1.61	3.73	98	118	-16.95	1,388	1,280	8.44	\$97,494	\$82,747	17.82
Healthy Start Prenatal	2.36	2.55	-7.45	332	396	-16.16	4,096	4,206	-2.62	\$137,031	\$135,115	1.42
Comprehensive Child Health	0.05	0.06	-16.67	61	92	-33.70	129	198	-34.85	\$5,073	\$12,000	-57.73
Healthy Start Infants	1.71	1.34	27.61	249	198	27.04	2,339	1,692	23.63	\$90,673	\$86,650	4.64
Healthy Start Interconception Woman	0.00	0.00		0	0		0	0		\$0	\$0	
School Health	0.00	0.01	-100.00	5,081	0		152,050	135,448	12.26	\$94,114	\$116,834	-19.45
Comprehensive Adult Health	4.64	4.72	-1.69	828	894	-7.38	3,916	3,878	0.98	\$312,933	\$330,614	-5.35
Dental Health	5.08	4.80	5.83	1,778	2,161	-17.72	11,569	14,000	-17.36	\$430,661	\$465,710	-7.53
Primary Care Total	21.63	21.87	-1.10	12,989	8,003	44.08	194,388	180,097	7.94	\$1,820,889	\$1,737,524	-8.71
Water & Onsite Sewage	4.18	5.37	-22.16	598	753	-21.78	6,720	7,173	-6.32	\$228,728	\$307,671	-25.56
Facility Programs	1.80	1.18	52.54	313	343	-8.75	846	852	-0.70	\$96,262	\$73,872	30.31
Groundwater Contamination Program	6.61	5.27	25.43	561	474	18.35	2,035	2,322	-12.36	\$379,206	\$326,824	16.03
Community Hygiene	0.38	0.25	52.00	57	141	-59.57	145	392	-63.01	\$20,507	\$20,842	-1.61
Environmental Health Total	12.97	12.07	7.46	1,520	1,711	-11.16	9,746	10,739	-9.26	\$724,702	\$729,209	-0.62
Environmental Health Surcharge	0.00	0.00		0	0		0	0		\$3,541	\$0	
	0.00	0.00	-999,999.00	0	0	-999,999.00	0	0	-999,999.00	\$3,541	\$0	-999,999.00
Grand Total	46.72	44.25	5.58	21,786	16,480	32.20	219,394	204,143	7.47	\$3,059,528	\$3,204,874	-4.54

Florida Department of Health County Health Department

Contract Management System

Analysis of Fund Equities

Columbia County for Report Period 10/2009 to 9/2010

Run date: 10/05/2010

		State	County	Total
Fund Balance 10/09		(\$409,912.17)	(\$91,075.02)	(\$500,987.20)
Revenue Contract - YTD				
Communicable Disease				
001009	Debit Memo - Bad Checks	\$0.00	\$50.26	\$50.26
001060	Vital Statistics - Fees and Services	\$0.00	(\$4.00)	(\$4.00)
001077	Clinic Fee - County	\$0.00	(\$11,917.83)	(\$11,917.83)
001078	MEDICAID ADMINISTRATION OF VACCINE	(\$90.00)	(\$90.00)	(\$180.00)
001090	Medicare - Part B	\$0.00	(\$4,863.38)	(\$4,863.38)
001094	Environmental Health Fee - County	\$0.00	(\$5.24)	(\$5.24)
001114	Vital Statistics - Birth Certificate	\$0.00	(\$35,581.00)	(\$35,581.00)
001115	Vital Statistics - Death Certificate	\$0.00	(\$37,527.00)	(\$37,527.00)
001117	Vital Statistics - Administrative Fee	\$0.00	(\$2,111.00)	(\$2,111.00)
001192	MEDICAID COMPREHENSIVE CHILD	(\$1,342.22)	(\$2,805.56)	(\$4,147.78)
004010	Cash Overage Shortage	\$0.00	(\$10.00)	(\$10.00)
005041	Interest Earned - State Investment Account	\$0.00	(\$297.58)	(\$297.58)
007000	Federal Grants	(\$249,284.38)	\$0.00	(\$249,284.38)
007111	Random Moment Sampling	(\$15,491.76)	\$0.00	(\$15,491.76)
008034	BCC Contribution from General Fund	\$0.00	(\$19,488.38)	(\$19,488.38)
010300	SALE OF GOODS AND SERVICES TO STATE AGENCIES	\$0.00	(\$31.41)	(\$31.41)
011000	Grants and Donations	\$0.00	(\$36,958.33)	(\$36,958.33)
015010	Transfers Within Agency	(\$18,741.92)	\$0.00	(\$18,741.92)
015040	CATEGORICAL GENERAL REVENUE	(\$69,216.00)	\$0.00	(\$69,216.00)
015050	NON CATEGORICAL GENERAL REVENUE	(\$175,741.23)	\$0.00	(\$175,741.23)
015060	Non-Categorical Tobacco Rebasing	(\$2,123.28)	\$0.00	(\$2,123.28)
038000	Twelve Mth Warrant Cancellation	(\$500.39)	(\$91.18)	(\$591.57)
Communicable Disease Subtotal		(\$532,531.17)	(\$151,731.63)	(\$684,262.80)
Primary Care				
001009	Debit Memo - Bad Checks	\$0.00	\$340.16	\$340.16
001029	3rd Party Reimbursements	\$0.00	(\$1,645.49)	(\$1,645.49)
001077	Clinic Fee - County	\$0.00	(\$6,990.67)	(\$6,990.67)
001082	MEDICAID DENTAL	(\$135,812.46)	(\$283,879.95)	(\$419,692.41)
001083	Medicaid-Family Planning	(\$3,328.16)	(\$29,953.46)	(\$33,281.62)
001090	Medicare - Part B	\$0.00	(\$10,916.54)	(\$10,916.54)
001094	Environmental Health Fee - County	\$0.00	(\$35.43)	(\$35.43)
001191	MEDICAID MATERNITY	(\$14,567.16)	(\$30,448.79)	(\$45,015.95)
001192	MEDICAID COMPREHENSIVE CHILD	(\$2,992.48)	(\$6,254.98)	(\$9,247.46)
001193	MEDICAID COMPREHENSIVE ADULT	(\$21,768.42)	(\$45,501.11)	(\$67,269.53)
001208	Medipass Case Management Fee	(\$14,639.31)	(\$14,639.31)	(\$29,278.61)
005041	Interest Earned - State Investment Account	\$0.00	(\$2,013.93)	(\$2,013.93)
007000	Federal Grants	(\$30,904.40)	\$0.00	(\$30,904.40)
007111	Random Moment Sampling	(\$48,299.08)	\$0.00	(\$48,299.08)
008034	BCC Contribution from General Fund	\$0.00	(\$131,890.25)	(\$131,890.25)
010300	SALE OF GOODS AND SERVICES TO STATE AGENCIES	\$0.00	(\$212.60)	(\$212.60)
011001	Healthy Start Coalition	\$0.00	(\$185,647.64)	(\$185,647.64)
015010	Transfers Within Agency	(\$299,651.65)	\$0.00	(\$299,651.65)
015040	CATEGORICAL GENERAL REVENUE	(\$175,291.00)	\$0.00	(\$175,291.00)
015050	NON CATEGORICAL GENERAL REVENUE	(\$241,658.83)	\$0.00	(\$241,658.83)
015060	Non-Categorical Tobacco Rebasing	(\$2,919.68)	\$0.00	(\$2,919.68)
038000	Twelve Mth Warrant Cancellation	(\$688.07)	(\$617.09)	(\$1,305.16)
Primary Care Subtotal		(\$992,520.71)	(\$750,307.07)	(\$1,742,827.77)
Environmental Health				
001009	Debit Memo - Bad Checks	\$0.00	\$41.57	\$41.57
001020	Environmental Health Permits	(\$46,178.22)	\$0.00	(\$46,178.22)

Florida Department of Health County Health Department

Contract Management System

Analysis of Fund Equities

Columbia County for Report Period 10/2009 to 9/2010

Run date: 10/05/2010

	State	County	Total
Environmental Health			
001092 Environmental Health Fee - State	(\$122,508.60)	\$0.00	(\$122,508.60)
001094 Environmental Health Fee - County	\$0.00	(\$84,838.31)	(\$84,838.31)
005041 Interest Earned - State Investment Account	\$0.00	(\$246.14)	(\$246.14)
008034 BCC Contribution from General Fund	\$0.00	(\$16,119.70)	(\$16,119.70)
010300 SALE OF GOODS AND SERVICES TO STATE AGENCIES	\$0.00	(\$842.44)	(\$842.44)
010304 Inspection Fees	(\$300,252.51)	\$0.00	(\$300,252.51)
015010 Transfers Within Agency	(\$14,263.95)	\$0.00	(\$14,263.95)
015040 CATEGORICAL GENERAL REVENUE	(\$727.00)	\$0.00	(\$727.00)
015050 NON CATEGORICAL GENERAL REVENUE	(\$142,034.94)	\$0.00	(\$142,034.94)
015060 Non-Categorical Tobacco Rebasing	(\$1,716.04)	\$0.00	(\$1,716.04)
015075 Transfer of Federal Grant from Another Agency	(\$1,081.00)	\$0.00	(\$1,081.00)
018000 Refunds	(\$27.51)	(\$6.21)	(\$33.71)
038000 Twelve Mth Warrant Cancellation	(\$404.41)	(\$75.42)	(\$479.84)
Environmental Health Subtotal	(\$629,194.18)	(\$102,086.65)	(\$731,280.83)
Unallocated Revenue			
001020 Environmental Health Permits	\$90.17	\$0.00	\$90.17
001094 Environmental Health Fee - County	\$0.00	\$5,880.63	\$5,880.63
010300 SALE OF GOODS AND SERVICES TO STATE AGENCIES	\$0.00	\$126.96	\$126.96
010304 Inspection Fees	\$122.96	\$0.00	\$122.96
015050 NON CATEGORICAL GENERAL REVENUE	\$0.01	\$0.00	\$0.01
018000 Refunds	\$5.90	\$2.09	\$7.99
Unallocated Revenue Subtotal	\$219.04	\$6,009.68	\$6,228.71
Projects			
Projects Subtotal	(\$17,720.70)	\$0.00	(\$17,720.70)
Total Revenue	(\$2,171,747.72)	(\$998,115.67)	(\$3,169,863.39)
Expenditures Contract - YTD			
Communicable Disease	\$601,658.30	\$108,735.51	\$710,393.81
Primary Care	\$833,333.34	\$787,555.70	\$1,620,889.05
Environmental Health	\$643,472.05	\$81,230.41	\$724,702.47
Projects	\$28,796.02	\$0.00	\$28,796.02
Total Expenditures	\$2,107,259.71	\$977,521.63	\$3,084,781.34
Change in Fund Balance	(\$64,488)	(\$20,594)	(\$85,082)
Ending Equity Balance for September (** click here for equity split graph)	(\$474,400)	(\$111,669)	(\$586,069)

#13

AT&T JOB#: 03E61209N

**COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS
UTILITY PERMIT**

Date 10/26/2010 Permit No. _____ County Road SE BAILEY ST Section No. _____

Permittee AT&T SE Florida

Address 400 SW 2nd Avenue, Gainesville, FL 32601 Telephone Number (352) 371-5272

Requesting permission from the Columbia County Board of County Commissioners, hereinafter called the County, to contract, operate and maintain: a buried cable from the closure, on the north R/W, at Tripple X Cattle Farm to the south R/W in an easterly direction to the dual culvert crossing on SE Bailey St. an approx distance of 1600'.

FROM: _____ TO: _____

Submitted for the Utility Owner by: <u>Tom Murphy, Contract Engineer</u>	<u>Tom Murphy</u>	<u>10/26/10</u>
Typed Name & Title	Signature	Date

1. Permittee declares that prior to filing this application it has determined the location of all existing utilities, both aerial and underground and the accurate locations are shown on the plans attached hereto and made a part of this application. Proposed work is within the corporate limits of Municipality: YES () NO (X). If YES: LAKECITY () FORT WHITE (). A letter of notification was mailed on 10/26/10 to the following utility owners:

Columbia County Public Works

2. The Columbia County Public Works Director shall be notified twenty-four (24) hours prior to starting work and again immediately upon completion of work. The Public Works Director is Kevin Kirby, located at P.O. Box 969, Lake City, FL 32056 Telephone Number (386) 752-5955. The PERMITTEE's employee responsible for Maintenance of Traffic is Mike Brown, Telephone Number (352) 336-5508 (This name may be provided at the time of the 24 hour notice to starting work).

3. This PERMITTEE shall commence actual construction in good faith within 60 days after issuance of permit, and shall be completed within 60 days after permitted work has begun. If the beginning date is more than 60 days from date of permit approval, then PERMITTEE must review the permit with the Columbia County Public Works Director to make sure no changes have occurred in the transportation facility that would affect the permitted construction.

4. The construction and maintenance of such utility shall not interfere with the property and rights of a prior PERMITTEE.

5. It is expressly stipulated that this permit is a license for permissive use only and that the placing of utilities upon public property pursuant to this permit shall not operate to create or vest any property right in said holder.

6. Pursuant to Section 337.403(1), Florida Statutes, whenever necessary for the construction, repair, improvement, maintenance, safe and efficient operation, alteration or relocation of all, or any portion of said transportation facility as determined by the Columbia County Public Works Director and/or County Engineer, any or all utilities and appurtenances authorized hereunder, shall be immediately removed from said transportation facility or reset or relocated thereon as required by the Columbia County Public Works Director and/or County Engineer and at the expense of the PERMITTEE.

Utilities Permit
Revised: 08-28-00

7. In case of non-compliance with the County's requirements in effect as of the approval date of this permit, this permit is void and the facility will have to be brought into compliance or removed from the right of way at no cost to the County.

8. It is understood and agreed that the rights and privileged herein set out are granted only to the extent of the County's right, title and interest in the land to be entered upon and used by the PERMITTEE, and the PERMITTEE will, at all times, and to the extent permitted by law, assume all risk of and indemnify, defend, and save harmless the Columbia County Board of County Commissioners from any and all loss, damage, cost or expense arising in any manner on account of the exercise or attempted exercise by said PERMITTEE of the aforesaid right and privileges.

9. During construction, all safety regulations of the County shall be observed and the PERMITTEE must take measures, including placing and the display of safety devices that may be necessary in order to safely conduct the public through the project area in accordance with the Federal Manual on the Uniform Traffic Control Devices, as amended for highways.

10. Should the PERMITTEE be desirous of keeping its utilities in place and out of service, the PERMITTEE, by execution of this permit acknowledges its present and continuing ownership of its utilities located between NA and NA within the County's right of way as set forth above. PERMITTEE, at its sole expense, shall promptly remove said out of service utilities whenever Columbia County Public Works Director and/or County Engineer determines said removal is in the public interest.

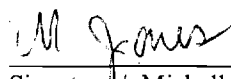
11. Special instruction: Minimum cover of thirty inches (30") will be required at all locations. Columbia County will not be financially responsible for any damage to facilities with less than thirty inch (30") cover. Cables shall not be located within driveway ditches.

12. Additional Stipulations: _____

It is understood and agreed that commencement by the PERMITTEE is acknowledgment and acceptance of the binding nature of these special instructions.

Submitted By: AT&T SE Florida
Permittee

Place Corporate Seal
Attested

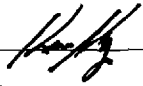


Signature/ Michelle Jones

, Mgr OPS Planning & Design

Title

Recommended for Approval:

Signature: 

Title : DIRECTOR OF PUBLIC WORKS

Date : 11/01/10

Approved by Columbia County Board of County Commissioners:

YES () NO ()

Date Approved: _____

Chairman's Signature: _____

NOV 23 2010

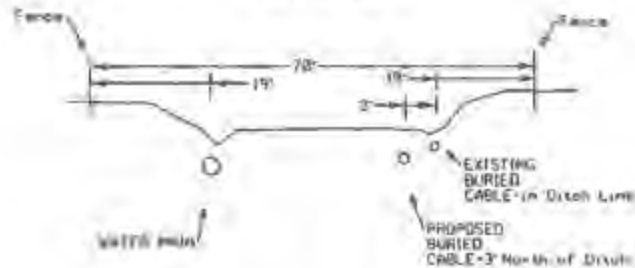
CONSTRUCTION/CONTRACTOR NOTE:

COLUMBIA COUNTY RECENTLY BURIED WATER MAIN ON NORTH SIDE OF BAILEY ST-THERE ARE CROSSINGS AND HYDRANTS IN AREA-COORDINATE ALL WORK

THERE ARE NUMEROUS LARGE WATER OAKS ON THE SHOULDER OF SE BAILEY-REQUEST COLUMBIA COUNTY ALLOW NEW CABLE TO BE PLACED 9'-10" FROM CENTER OF ROADWAY TO AVOID ROOT DAMAGE TO TREES AND TO AVOID BEING IN DITCH LINE.

THIS PROJECT IS A LIKE-FOR-LIKE REPLACEMENT DUE TO THE EXISTING CABLE BEING EXPOSED IN THE DITCH LINE IN A FEW PLACES.

SE BAILEY ST VIEW TO EAST



BEFORE
Placing Cable
or Digging, Call
1-800-432-4770



ATTSE

PRIORITIZED TELEPHONE FACILITIES
ON PORT OF WAY OF
COLUMBIA COUNTY

SE BAILEY ST

Telephone: 386-1752

Manager: Tom Murphy

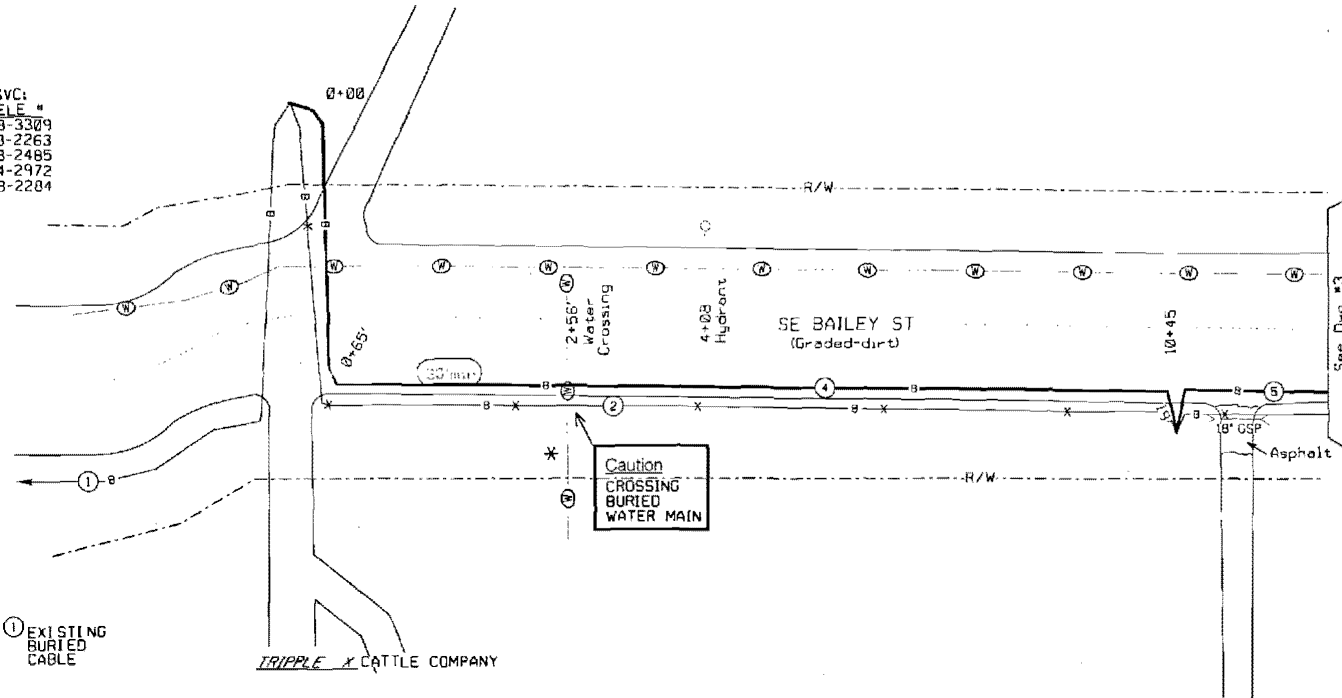
Phone: 386-933-4864

Authorization: 05662090

DATE: 11/11/01



WORKING SVC:
PR TELE #
779 758-3309
781 758-2263
782 758-2485
788 754-2972
797 758-2284



① EXISTING
BURIED
CABLE

② REMOVED/ABAND
BURIED CABLE

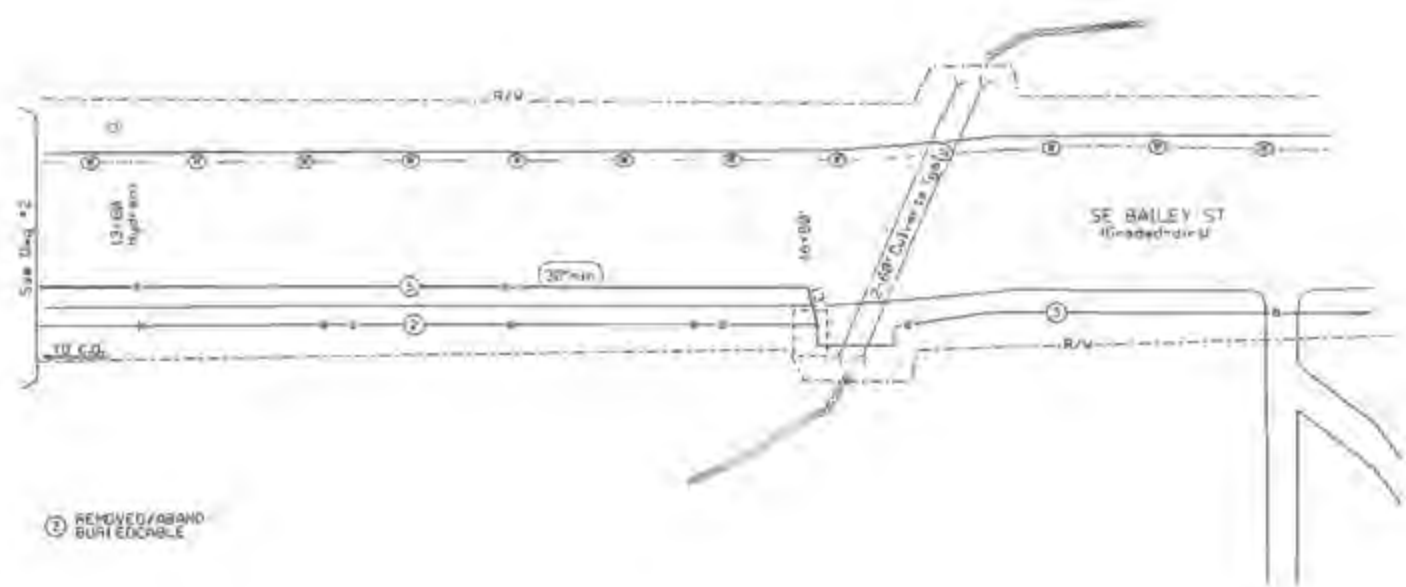
④ PROPOSED
BURIED
CABLE

⑤ PROPOSED
BURIED
CABLE

WORKING SVC:
PR TELE #
752 752-3659
753 752-3876

494

ATTSE	
PROPOSED TELEPHONE FACILITIES ON RIGHT OF WAY OF COLUMBIA COUNTY	
SE BAILEY ST	
Exchange:	386\752
Designer:	Tom Murphy
Phone:	386-938-4864
Authorization:	03E6I209N
Dwg.	2 of 3



628

- ② REMOVED/ABAND
BURIED CABLE
- ③ EXISTING
BURIED
CABLE
- ③ PROPOSED
BURIED
CABLE

ATTSE
PROPOSED TELEPHONE FACILITIES
ON RIGHT OF WAY OF
COLUMBIA COUNTY
SE BAREY ST
Exchange 386-752
Number 386-930-4864
Name Murphy
Address 03662009
City S State 3

#14

AT&T JOB#: 03E61228N

**COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS
UTILITY PERMIT**

Date October 28, 2010 Permit No. _____ County Road _____ Section No. _____

Permittee AT&T SE Florida

Address 400 SW 2nd Avenue, Gainesville, FL 32601 Telephone Number (352) 371-5272

Requesting permission from the Columbia County Board of County Commissioners, hereinafter called the County, to contract, operate and maintain: BURIED CABLE FROM NORTH ROW BUCHANAN DR EAST IN ROW OF MERIDITH LN AND SOUTH IN ROE SW JANUARY DR

FROM: SW BUCHMANAN DR TO: SW JANUARY DR

Submitted for the Utility Owner by: Duke Brethouwer, Engineer *Duke Brethouwer* 10/28/2010
Typed Name & Title Signature Date

1. Permittee declares that prior to filing this application it has determined the location of all existing utilities, both aerial and underground and the accurate locations are shown on the plans attached hereto and made a part of this application. Proposed work is within the corporate limits of Municipality: YES () NO (X). If YES: LAKECITY () FORT WHITE (). A letter of notification was mailed on 10/28/2010 to the following utility owners:
Clay Electric Coop, Comcast Cable

2. The Columbia County Public Works Director shall be notified twenty-four (24) hours prior to starting work and again immediately upon completion of work. The Public Works Director is Kevin Kirby, located at P.O. Box 969, Lake City, FL 32056. Telephone Number (386) 752-5955. The PERMITTEE's employee responsible for Maintenance of Traffic is Mike Brown, Telephone Number (352) 336-5508. (This name may be provided at the time of the 24 hour notice to starting work).

3. This PERMITTEE shall commence actual construction in good faith within 60 days after issuance of permit, and shall be completed within 60 days after permitted work has begun. If the beginning date is more than 60 days from date of permit approval, then PERMITTEE must review the permit with the Columbia County Public Works Director to make sure no changes have occurred in the transportation facility that would affect the permitted construction.

4. The construction and maintenance of such utility shall not interfere with the property and rights of a prior PERMITTEE.

5. It is expressly stipulated that this permit is a license for permissive use only and that the placing of utilities upon public property pursuant to this permit shall not operate to create or vest any property right in said holder.

6. Pursuant to Section 337.403(1), Florida Statutes, whenever necessary for the construction, repair, improvement, maintenance, safe and efficient operation, alteration or relocation of all, or any portion of said transportation facility as determined by the Columbia County Public Works Director and/or County Engineer, any or all utilities and appurtenances authorized hereunder, shall be immediately removed from said transportation facility or reset or relocated thereon as required by the Columbia County Public Works Director and/or County Engineer and at the expense of the PERMITTEE.

Utilities Permit

Revised: 08-28-00

7. In case of non-compliance with the County's requirements in effect as of the approval date of this permit, this permit is void and the facility will have to be brought into compliance or removed from the right of way at no cost to the County.

8. It is understood and agreed that the rights and privileged herein set out are granted only to the extent of the County's right, title and interest in the land to be entered upon and used by the PERMITTEE, and the PERMITTEE will, at all times, and to the extent permitted by law, assume all risk of and indemnify, defend, and save harmless the Columbia County Board of County Commissioners from any and all loss, damage, cost or expense arising in any manner on account of the exercise or attempted exercise by said PERMITTEE of the aforesaid right and privileges.

9. During construction, all safety regulations of the County shall be observed and the PERMITTEE must take measures, including placing and the display of safety devices that may be necessary in order to safely conduct the public through the project area in accordance with the Federal Manual on the Uniform Traffic Control Devices, as amended for highways.

10. Should the PERMITTEE be desirous of keeping its utilities in place and out of service, the PERMITTEE, by execution of this permit acknowledges its present and continuing ownership of its utilities located between NA and NA within the County's right of way as set forth above. PERMITTEE, at its sole expense, shall promptly remove said out of service utilities whenever Columbia County Public Works Director and/or County Engineer determines said removal is in the public interest.

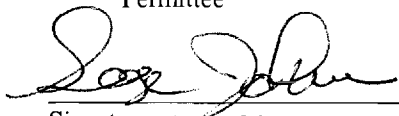
11. Special instruction: Minimum cover of thirty inches (30") will be required at all locations. Columbia County will not be financially responsible for any damage to facilities with less than thirty inch (30") cover. Cables shall not be located within driveway ditches.

12. Additional Stipulations: _____


It is understood and agreed that commencement by the PERMITTEE is acknowledgment and acceptance of the binding nature of these special instructions.

Submitted By: AT&T SE Florida
Permittee

Place Corporate Seal
Attested


Signature George Johnson, AT&T Mgr. OPS Planning & Design
Title

Utilities Permit
Revised: 5/4/99

Signature: 

Date : 11-01-10

Date Approved: _____

Chairman's Signature: _____



3 NEW TERM
NEW BURIED CABLE

WORK
LOC

WORK
LOC

WORK
LOC

WORK
LOC

MERIDITH LN

SW BUCHANAN DR

SW JANUARY DR

SW FRIENDSHIP
WAY

CR 242

CR 242

EXIT 423
SR 47

175 NORTHBOUND

175 SOUTHBOUND

SR 47

BEFORE
Placing Cable
or Digging, Call
1-800-432-4770



ATTSE

PROPOSED TELEPHONE FACILITIES
ON RIGHT OF WAY OF

SW BUCHANAN DR
SW MERIDITH LN
SW JANUARY DR

Exchanges:

386/752

Designer:

BRETHOUWER, DYKE

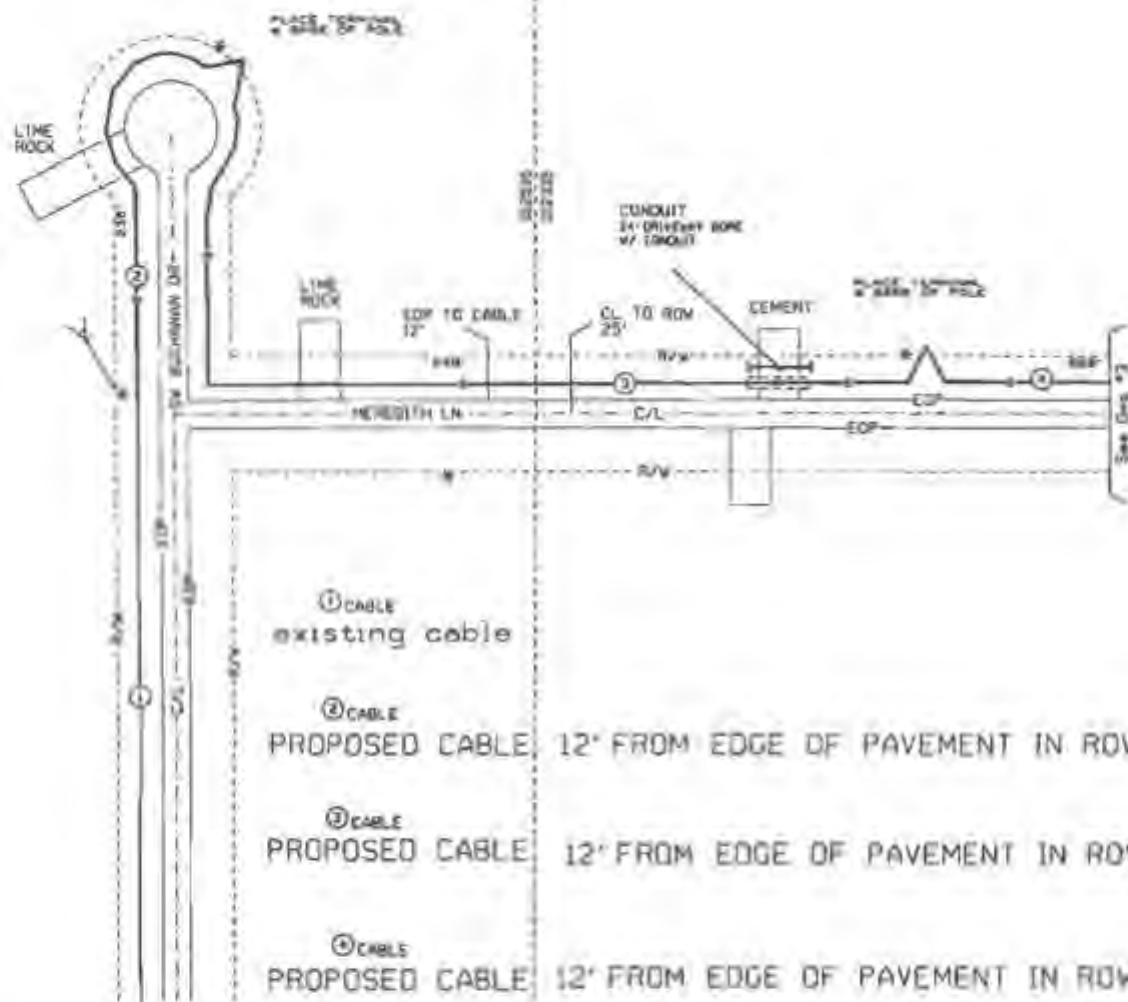
Phone:

352-371-5294

Authorization:

03E61228N

Page 1 of 3

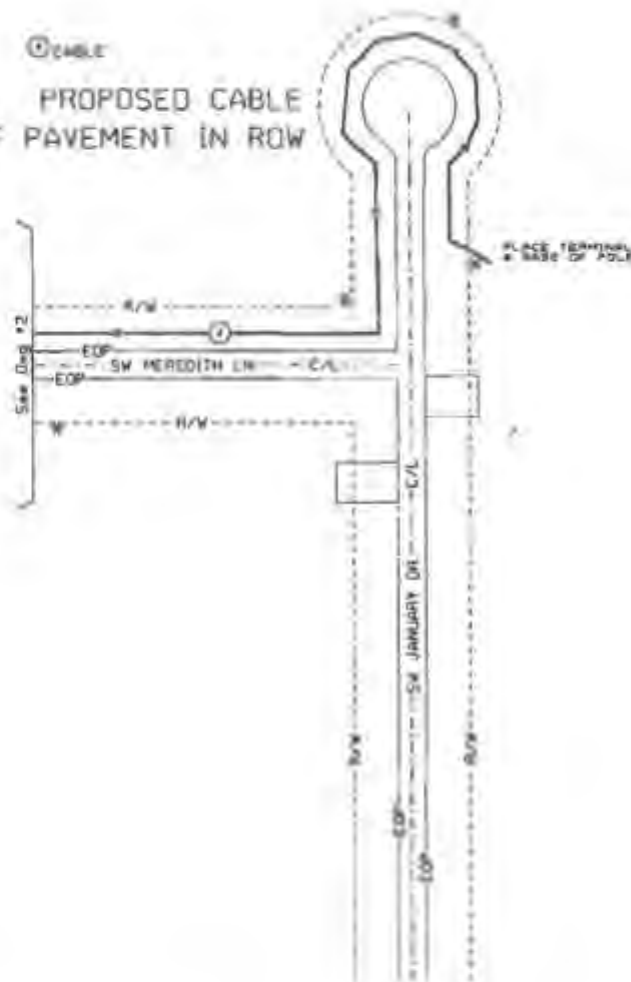


- ① CABLE
existing cable
- ② CABLE
PROPOSED CABLE 12' FROM EDGE OF PAVEMENT IN ROW
- ③ CABLE
PROPOSED CABLE 12' FROM EDGE OF PAVEMENT IN ROW
- ④ CABLE
PROPOSED CABLE 12' FROM EDGE OF PAVEMENT IN ROW

ATTSE	
PROPOSED TELEPHONE FACILITIES ON TRAIL OF RAIL OF	
BY BUREAU OF IN HERBERT LN BY JANUARY 01	
Location:	586/152
Design:	BRETHOWER, DUKE
Phone:	852-371-5294
Authorizations:	0356/228N
Rev:	2 of 3



① CABLE
PROPOSED CABLE
12' FROM EDGE OF PAVEMENT IN ROW



ATTSE	
PROPOSED TELEPHONE FACILITIES ON RIGHT OF WAY OF	
SW MERIDITH DR SW MERIDITH DR SW JANUARY DR	
Exchange	506/752
Design	BRETHOWER, DUKE
Phone	352-371-5294
Subscriptions	03F6228N
Dwg.	3 of 3

District No. 1 - Ronald Williams
District No. 2 - Dewey Weaver
District No. 3 - Jody DuPree
District No. 4 - Stephen E. Bailey
District No. 5 - Scarlet P. Frisina



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

November 9, 2010

M E M O

TO: Lisa K.B. Roberts,
Assistant County Manager

FR: Bill Lycan 
Solid Waste Director

RE: FY10-11 Consolidated Small County Grant Agreement

Please find attached two (2) copies of the Consolidated Small County Grant Agreements awarded by the Department of Environmental Protection to be placed on the November 18, 2010 agenda for approval by the Board of County Commissioners. The **grant award is for \$70,588.00** this is a **reduction** from last year's award of \$78,787.00.

Upon approval by the Board, please have the chairman to sign both copies of the agreements. Attachment F- Certification Statement to be signed by Chief Financial Officer. Upon having both documents signed forward both originals with attachments to FDEP. After FDEP signing they will forward a copy of the agreement back to our office. We will forward the original back to you for your records.

Also forward a copy to Judy Lewis, Internal Auditor and to Richard Powell, External Auditor with attachments A,B,C,D,E, F and Exhibit I with directions and forms pertaining to special audit requirements, the reimbursement request, progress reports specific to our grant.

If you have any questions regarding this information, please let me know.

/pad

XC: FY10-11 Consolidated Small County Grant File



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Matt A. Olson
Secretary

2010-2011 SMALL COUNTY CONSOLIDATED GRANT AGREEMENT FOR STATE ASSISTANCE UNDER SECTION 403.7095(3), FLORIDA STATUTES PART I - GRANT NOTIFICATION INFORMATION

1. Grant Agreement Number: 104SC
2. Date of Award: November 3, 2010
3. Grant Title: **SMALL COUNTY CONSOLIDATED GRANT**
4. Grant Period: October 1, 2010 or Execution (whichever is later) - September 30, 2011
5. Grant Amount: \$70,588
6. CSFA # and Project Name: 37,012/Small County Consolidated Grants
7. Grantee(s): **COLUMBIA COUNTY**
Address: 1347 NW Oosterhoudt Lane
Lake City, FL 32055
8. Grantee Fiscal Year End: September 30, 2011
9. Federal Employer Identification Number: 596000564
10. Grantee's Authorized Representative:

Name: Roanld Williams
Title: Chairman, Board of County Commissioners
Phone: 386-752-6050

11. Grantee's Contact Person:

Name: William W. Lycam
Title: Solid Waste Director
Address: 1347 NW Oosterhoudt Lane
Lake City, FL 32055
Phone: 386-LakeCity, FL 32055

Any changes to the contact information shown above must be reduced to writing in the form of a letter contact person identified in paragraph 13.

12. Total county population from official April 1, 2009 population estimates: 66,409

13. Issuing Office:
Mr. Bobby Adams, Grant Manager
Florida Department of Environmental Protection
Bureau of Solid and Hazardous Waste (MS 4565)
2600 Blair Stone Road
Tallahassee, Florida 32399-2400
(850) 245-8736

13. Issuing Office:
Mr. Bobby Adams

Any changes to the contact information shown above must be reduced to writing in the form of a Change Order to this Agreement.

PART II – GRANT CONDITIONS

GENERAL CONDITIONS:

1. As consideration for the services rendered by the Grantee under the terms of this Agreement, the Department shall pay the Grantee on a cost reimbursement basis in an amount not to exceed \$70,588 toward the project described in **Attachment A, Grant Work Plan**, for direct costs only. Prior written approval from the Department's Grant Manager shall be required for changes in task budgets between approved budget categories of up to 10% of the total budget amount for the task. The DEP Grant Manager will transmit a copy of the written approval and revised task budget to the DEP Procurement Office and the DEP Contracts Disbursements Office for inclusion in the Agreement file. Changes greater than 10% will require a formal amendment to the Agreement. Any change in the budget that increases or decreases the total funding amount will require a formal amendment to the Agreement. The Grantee shall not be eligible for reimbursement for work performed prior to the date of execution or October 1, 2010 (whichever is later) or after September 30, 2011.
2.
 - A. The Grantee, using **Attachment B, Reimbursement Request Form**, shall submit reimbursement requests upon the completion and submission of deliverables as identified in Attachment A. The Grantee shall submit a final invoice to the Department no later than October 31, 2011, to assure the availability of funds for final payment. An original of the Reimbursement Request Form, with summaries and appropriate contracts attached must be submitted. Reimbursement Request Forms must be signed by the designated authorized representative. This should be the same person who signed the Grant Agreement. If there is a change in the authorized representative during the Grant period, the Department must be notified of the new representative by resolution or minutes of a commission meeting.
 - B. As an attachment to the Reimbursement Request Form, the Grantee must provide from its accounting system a listing of expenditures made under this Agreement. The listing shall include, at a minimum, a description of the goods or services purchased, date of the transaction (check date), voucher number (if available), check number, amount paid, and vendor name. The Grantee shall comply with the minimum requirements set forth in **Attachment C, Contract Payment Requirements**. Authorized travel expenses are included in the amount of this Agreement and no additional travel expenses above those included in the allowable items described in paragraph 4 will be authorized. Any requests for reimbursement of authorized travel expenses must be submitted in accordance with Section 112.061, Florida Statutes.
 - C. The Grantee shall submit Attachment B, Reimbursement Request Form, in conjunction with progress reports. The Grantee shall utilize **Attachment D, Progress Report Form**, to clearly describe what the expenditures were used for and how such expenditures relate to the allowable items described in Attachment A. To the extent that the expenditures are used for a specific project, the progress report should also include a description of problems encountered, problem resolutions, a financial summary of the project, and any schedule updates.
3. In addition to the requirements in the paragraph above, the Department will periodically request proof of a transaction (invoice, payroll register, etc.) to evaluate the appropriateness of costs to the Grant Agreement pursuant to State and Federal guidelines (including cost allocation guidelines), as appropriate. This information, when requested, must be provided within thirty (30) calendar days of such request. The Grantee may also be required to submit a cost allocation plan to the Department in support of its multipliers for fringe benefits. All bills for amounts due under this Grant Agreement shall be submitted in detail sufficient for a proper pre-audit and post-audit thereof. State guidelines for allowable costs can be found in the Department of Financial Services' Reference Guide for State Expenditures at <http://www.fldfs.com/aadir/reference%5Fguide>.

4. Expenditures shall be limited to the following items, as specified in Rule 62-716.510, Florida Administrative Code, in accordance with Section 403.7095(3), Florida Statutes:

Allowable costs for reimbursement under this Agreement, include:

- A. Annual solid waste management program operating costs;
- B. Purchasing or repairing solid waste scales;
- C. Planning;
- D. Construction and maintenance of solid waste facilities; and
- E. Recycling and education programs, which may include solid waste management education for employees or the public and recycling demonstration projects.

Unallowable costs for reimbursement under this Agreement include:

- A. Cell phone expenditures;
- B. Indirect, overhead or administrative costs;
- C. Promotional items such as T-shirts and other items promoting the program; and
- D. Vehicles, unless authorized by this Agreement or an executed amendment to this Agreement.

Specific costs authorized for this Agreement are identified in Attachment A.

5. The Grantee shall maintain books, records and documents directly pertinent to performance under this Agreement in accordance with generally accepted accounting principles consistently applied. The Department, the State, or their authorized representatives shall have access to such records for audit purposes during the term of this Agreement and for five (5) years following Agreement completion. The Grantee agrees that it will expeditiously initiate and complete the program work for which assistance has been awarded under this Grant Agreement in accordance with all applicable provisions of Florida Statutes and the Florida Administrative Code. In the event any work is subcontracted, the Grantee shall similarly require each subcontractor to maintain and allow access to such records for audit purposes.
6. A. In addition to the requirements of the preceding paragraph, the Grantee shall comply with the applicable provisions contained in **Attachment E (Special Audit Requirements)**, attached hereto and made a part hereof. **Exhibit 1 to Attachment E** summarizes the funding sources supporting the Agreement for purposes of assisting the Grantee in complying with the requirements of **Attachment E**. A revised copy of **Exhibit 1** must be provided to the Grantee for each amendment which authorizes a funding increase or decrease. If the Grantee fails to receive a revised copy of **Exhibit 1**, the Grantee shall notify the Department's Grants Manager to request a copy of the updated information.
- B. The Grantee is hereby advised that the Federal and/or Florida Single Audit Act Requirements may further apply to lower tier transactions that may be a result of this Agreement. The Grantee shall consider the type of financial assistance (federal and/or state) identified in **Attachment E, Exhibit 1** when making its determination. For federal financial assistance, the Grantee shall utilize the guidance provided under OMB Circular A-133, Subpart B, Section .210 for determining whether the relationship represents that of a subrecipient or vendor. For state financial assistance, the Grantee shall utilize the form entitled "Checklist for Nonstate Organizations Recipient/Subrecipient vs Vendor Determination" (form number DFS-A2-NS) that can be found under the "Links/Forms" section appearing at the following website:

<https://apps.fldfs.com/fsaa>

The Grantee should confer with its chief financial officer, audit director or contact the Department for assistance with questions pertaining to the applicability of these requirements.

- C. In addition, the Grantee agrees to complete and submit the **Certification of Applicability to Single Audit Act Reporting, Attachment F**, attached hereto and made a part hereof, within four (4) months following the end of the Grantee's fiscal year. Attachment F should be submitted to the Department's Grants Development and Review Manager at 3900 Commonwealth Boulevard, Mail Station 93, Tallahassee, Florida 32399-3000. The Grants Development and Review Manager is available to answer any questions at (850) 245-2361.
7. A. The Department has the right to terminate a Grant award and demand refund of Grant funds for non-compliance with the terms of the award, Section 403.7095, Florida Statutes, or the Solid Waste Grants Program Rule, Chapter 62-716, Florida Administrative Code. Such action may also result in the Department declaring the local government ineligible for further participation in the program until the local government complies with the terms of the Grant award. Prior to termination, the Department shall provide thirty (30) calendar days written notice of its intent to terminate and shall provide the Grantee an opportunity to consult with the Department regarding the reason(s) for termination.
- B. The Department may terminate this Agreement for convenience by providing the Grantee with thirty (30) calendar days written notice.
8. The Grantee shall obtain all necessary construction-related permits before initiating construction.
9. The State of Florida's performance and obligation to pay under this Grant Agreement is contingent upon an annual appropriation by the Legislature.
10. This Agreement may be unilaterally canceled by the Department for refusal by the Grantee to allow public access to all documents, papers, letters, or other material made or received by the Grantee in conjunction with this Agreement, unless the records are exempt from Section 24(a) of Article I of the State Constitution and Section 119.07(1)(a), Florida Statutes.
11. Pursuant to Section 216.347, Florida Statutes, the Grantee is prohibited from using Grant funds for the purpose of lobbying the Legislature, the judicial branch, or a State Agency.
12. To the extent required by law, the Grantee will be self-insured against, or will secure and maintain during the life of this Grant Agreement, Workers' Compensation Insurance for all of its employees connected with the work of this project and, in case any work is subcontracted, the Grantee shall require the subcontractor similarly to provide Workers' Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Grantee. Such self-insurance program or insurance coverage shall comply fully with the Florida Workers' Compensation law. In case any class of employees engaged in hazardous work under this Grant Agreement is not protected under Workers' Compensation statutes, the Grantee shall provide, and cause each subcontractor to provide, adequate insurance satisfactory to the Department, for the protection of his employees not otherwise protected.
13. The Grantee, as an independent contractor and not an agent, representative, or employee of the Department, agrees to carry adequate liability and other appropriate forms of insurance. The Department shall have no liability except as specifically provided in this Agreement.
14. Each party hereto agrees that it shall be solely responsible for the negligent or wrongful acts of its employees and agents. However, nothing contained herein shall constitute a waiver by either party of its sovereign immunity or the provisions of Section 768.28, Florida Statutes.
15. The Grantee covenants that it presently has no interest and shall not acquire any interest, which would conflict in any manner or degree with the performance of services required.
16. Reimbursement for equipment or vehicle purchases costing \$1,000 or more is not authorized under the terms of this Project Agreement.

17.
 - A. The Grantee may subcontract work under this Agreement without the prior written consent of the Department's Grant Manager. The payment terms of subcontracts (other than construction and the purchase of commodities) shall comply with the terms of this Agreement (for example, if payment under this Agreement is being made on a cost reimbursement basis, then the subcontract should also be cost reimbursement). The Grantee shall submit a copy of the executed subcontract to the Department within ten (10) days after execution. The Grantee agrees to be responsible for the fulfillment of all work elements included in any subcontract and agrees to be responsible for the payment of all monies due under any subcontract. It is understood and agreed by the Grantee that the Department shall not be liable to any subcontractor for any expenses or liabilities incurred under the subcontract and that the Grantee shall be solely liable to the subcontractor for all expenses and liabilities incurred under the subcontract.
 - B. The Department of Environmental Protection supports diversity in its procurement program and requests that all subcontracting opportunities afforded by this Agreement embrace diversity enthusiastically. The award of subcontracts should reflect the full diversity of the citizens of the State of Florida. A list of minority owned firms that could be offered subcontracting opportunities may be obtained by contacting the Office of Supplier Diversity at (850) 487-0915.
18.
 - A. No person, on the grounds of race, creed, color, national origin, age, sex, or disability, shall be excluded from participation in; be denied the proceeds or benefits of; or be otherwise subjected to discrimination in performance of this Agreement.
 - B. An entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid on a contract to provide goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not award or perform work as a contractor, supplier, subcontractor, or consultant under contract with any public entity, and may not transact business with any public entity. The Florida Department of Management Services is responsible for maintaining the discriminatory vendor list and intends to post the list on its website. Questions regarding the discriminatory vendor list may be directed to the Florida Department of Management Services, Office of Supplier Diversity, at (850) 487-0915.
19. A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not perform work as a Grantee, contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, Florida Statutes, for Category Two, for a period of 36 months from the date of being placed on the convicted vendor list.
20. The Grantee shall comply with all applicable federal, state and local rules and regulations in conducting the project funded under this Agreement. The Grantee acknowledges that this requirement includes compliance with all applicable federal, state and local health and safety rules and regulations. The Grantee further agrees to include this provision in all subcontracts issued as a result of this Grant Agreement.
21. The Department may at any time, by written order designated to be a change order, make any change in the contact information identified in Section I of this Agreement. All change orders are subject to the mutual agreement of both parties as evidenced in writing. Any change, which causes an increase or decrease in the Grantee's cost or time, shall require formal amendment to this Agreement.
22. Land acquisition is not allowed under the terms of this Agreement.
23. If a court deems any provision of this Agreement void or unenforceable, that provision shall be enforced only to the extent that it is not in violation of law or is not otherwise unenforceable and all other provisions shall remain in full force and effect.
24. This Agreement represents the entire Agreement of the parties. Any alterations, variations, changes, modifications or waivers of provisions of this Agreement shall only be valid when they have been reduced to writing, duly signed by each of the parties hereto, and attached to the original of this Agreement, unless otherwise provided herein.

PART III - OFFER AND ACCEPTANCE

The State of Florida, acting by and through the Department of Environmental Protection, hereby offers assistance to the county of COLUMBIA for all allowable costs incurred up to and not exceeding \$70,588.

THE STATE OF FLORIDA BY THE DEPARTMENT OF ENVIRONMENTAL PROTECTION:

Charles F. Goddard, Chief,
Bureau of Solid & Hazardous Waste
Department of Environmental Protection

Date

Approved as to form and legality:

This form has been pre-approved as to
Form and legality by Chris McGuire,
Senior Assistant General Counsel, on
September 8, 2010 for use for one year.

In accepting this award and any payments made pursuant thereto, (1) the undersigned represents that they are duly authorized to act on behalf of the recipient county, and (2) the Grantee does hereby agree to perform in accordance with the terms and conditions set forth in this Agreement, **Attachment A, Grant Work Plan**, and all attachments and exhibits named herein which are attached hereto and incorporated by reference. For purposes of this Agreement, the terms "Contract" and "Agreement" and the terms "Grantee", "Recipient" and "Contractor", are used interchangeably.

BY AND ON BEHALF OF THE DESIGNATED RECIPIENT COUNTY:

Signature of Authorized Representative
Mr. Ronald Williams
Chairman, Board of County Commissioners

Date

Please return to:

Department of Environmental Protection
Bureau of Solid and Hazardous Waste
Waste Reduction Section - M.S. # 4555
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

List of attachments/exhibits included as part of this Agreement:

Specify Type	Letter/ Number	Description (include number of pages)
Attachment	A	Grant Work Plan (1 Page)
Attachment	B	Reimbursement Request Form and Instructions (2 Pages)
Attachment	C	Contract Payment Requirements (1 Page)
Attachment	D	Progress Report Form (2 Pages)
Attachment	E	Special Audit Requirements (5 Pages)
Attachment	F	Certification of Applicability to Single Audit Act Reporting (3 Pages)

ATTACHMENT A GRANT WORK PLAN

Project Title: Columbia County Litter Removal
Project Location: County-wide.
Project Background: County-wide litter removal. Limited local funding to support litter removal projects necessitates additional funding to continue litter control processes.
Project Objectives: <i>Provide a list of objectives, in bullet format, expected to be achieved as a result of funding/completing this proposed project.</i> <ul style="list-style-type: none">• Objective 1: Limit the accumulation of roadside litter in unincorporated areas of Columbia County.• Objective 2: Promote the proper disposal of waste materials.• Objective 3: Remove any potentially hazardous materials from unauthorized disposal areas within Columbia County• Objective 4:• Objective 5:

Project Description:

CONTRACTOR'S EMPLOYEES COVER 503.57 MILES OF COUNTY MAINTAINED ROADWAYS THROUGHOUT COLUMBIA COUNTY ON A PER CYCLE BASIS. THE CONTRACT ALLOWS FOR 5 CYCLES PER YEAR. THE CONTRACTOR COLLECTS, ON AVERAGE, APPROXIMATELY 40 TONS OF ROADSIDE LITTER ANNUALLY BY HAND FOR PROPER DISPOSAL AT THE COUNTY MAINTAINED LANDFILL.

Project Tasks/Deliverables: Identify by task, start date, and completion date. Identify deliverables to result from this project. (Examples include: reports, manuals, videos, maps, BMPs installed, meetings, field days, issued permits, quality assurance plans, something as proof that the task was completed, etc.) Identify dates for providing the deliverables on a schedule after the date of agreement execution. Format should appear as follows:

Task No.	Task Title	Start	Complete	Deliverable	Deliverable Due Dates
1.	Litter Control	Upon grant execution	09/30/11	Reports w/ vendor invoices	01/31/11, 04/30/11, 07/31/11, 10/31/11

Project Budget: Detailed budgets must be submitted to support the budget information summarized in this section. Detailed budgets should be developed on a task-by-task basis. Budget information supporting all match expected for this project must also be provided.

Budget Category	DEP Funding Amount	Matching Funds and Source	
		Funding Amount	Source of Funds
Salaries:			
Fringe Benefits:			
Travel:			
Contractual Services:	\$70,588.00		
Equipment Purchases			
Supplies/Other Expenses			
Land			
Indirect:			
Total:	\$70,588.00		
Total Funding Amount:	\$70,588 (DEP grant award)		
% Match:			

Project Budget Narrative: Provide budget detail for each Project Funding Category stated above for both DEP Funding and Match.

Salaries: Provide the positions that will be paid under this grant, what their hourly rate is and how many hours it is anticipated they will work on the project.

Fringe Benefits: Provide the fringe benefit rate and the benefits included in the rate.

Travel: Who is traveling and to where and what task is it under?

Contractual: What services will be subcontracted?

Equipment: What equipment will be purchased? Equipment is \$1,000 or more per unit cost.

Supplies/Other Expenses: What supplies will be purchased? What are the other costs? (rental, postage, copying, any costs other than salaries, fringe benefits, travel, contracted services, indirect).

Land: If land is being purchased or leased make sure that there is language in the Agreement and provide a description of the purchase or lease.

Indirect: What is the indirect rate? Provide % of (categories based on cost allocation plan)

NOTE: IF THERE IS MATCH, THE SAME DETAIL MUST BE PROVIDED FOR THE MATCH.

Total Budget by Task: The tasks identified here should agree with the tasks identified and described above.

Task		DEP Funding	Matching Funds and Source	
			Matching Funds	Source of Funds
1	Litter Control	\$70,588.00		
2				
3				
4				
5				
6				
Total:		\$70,588.00		
Project Total:		\$164,289.71		

Measures of Success: Approximately 40 tons of materials are disposed of by contractor at the county maintained landfill annually. Site inspections are conducted on county roadways by county staff to monitor contract performance.

ATTACHMENT B
PAYMENT REQUEST SUMMARY FORM

Grantee: Columbia County

Grantee's Grant Manager: _____

Mailing Address: _____

Payment Request No.: _____

DEP Agreement No.: 104SC

Date Of Request: _____

Performance Period: _____

Reimbursement Amount

Task

Requested:\$ _____

No.: _____

GRANT EXPENDITURES SUMMARY SECTION

[Effective Date of Grant through End-of-Grant Period]

CATEGORY OF EXPENDITURE	AMOUNT OF THIS REQUEST	TOTAL CUMULATIVE PAYMENTS
Salaries	\$N/A	\$N/A
Fringe Benefits	\$N/A	\$N/A
Travel (if authorized)	\$N/A	\$N/A
Subcontracting:	\$	\$
Equipment Purchases	\$N/A	\$N/A
Supplies/Other Expenses	\$N/A	\$N/A
TOTAL AMOUNT	\$	\$
GRANT AWARD AMOUNT	\$70,588	
Less Total Cumulative Payments of:	\$	
GRANT AWARD BALANCE	\$	

GRANTEE CERTIFICATION

The undersigned certifies that the amount being requested for reimbursement above was for items that were charged to and utilized only for the above cited grant activities.

Grantee's Grant Manager's Signature	Grantee's Fiscal Agent
Print Name	Print Name
Telephone Number	Telephone Number

**INSTRUCTIONS FOR COMPLETING
PAYMENT REQUEST SUMMARY FORM**

GRANTEE: Enter the name of the grantee's agency.

MAILING ADDRESS: Enter the address that you want the state warrant sent.

DEP AGREEMENT NO.: This is the number on your grant agreement.

DATE OF REQUEST: This is the date you are submitting the request.

TASK AMOUNT REQUESTED: This should match the amount on the "*TOTAL TASK BUDGET AMOUNT*" line for the "*AMOUNT OF THIS REQUEST*" column.

GRANTEE'S GRANT MANAGER: This should be the person identified as grant manager in the grant Agreement.

PAYMENT REQUEST NO.: This is the number of your payment request, not the quarter number.

PERFORMANCE PERIOD: This is the beginning and ending date of the invoice period.

TASK NO.: Enter the number of the task that you are requesting payment for.

GRANT EXPENDITURES SUMMARY SECTION:

"AMOUNT OF THIS REQUEST" COLUMN: Enter the amount that was paid out for this task during the invoice period for which you are requesting reimbursement. This must agree with the budget category as in the currently approved budget in the current Grant Work Plan of your grant Agreement. Do not claim expenses in a budget category that does not have an approved budget. Do not claim items that are not specifically identified in the current Budget Narrative section of the current Grant Work Plan. Enter the column total on the "*TOTAL AMOUNT*" line. Enter the amount of the task on the "*TOTAL TASK BUDGET AMOUNT*" line. Enter the total cumulative amount of this request **and** all previous payments on the "*LESS TOTAL CUMULATIVE PAYMENTS OF*" line. Deduct the "*LESS TOTAL CUMULATIVE PAYMENTS OF*" from the "*TOTAL TASK BUDGET AMOUNT*" for the amount to enter on the "*TOTAL REMAINING IN TASK*" line.

"TOTAL CUMULATIVE PAYMENTS" COLUMN: Enter the cumulative amounts that have been claimed to date for reimbursement by budget category. The final report should show the total of all payments; first through the final payment (this amount cannot exceed the approved budget amount for that budget category for the task you are reporting on). Enter the column total on the "*TOTALS*" line. **Do not enter anything in the shaded areas.**

GRANTEE CERTIFICATION: Must be signed by both the Grantee's Grant Manager as identified in the grant agreement and the Grantee's Fiscal Agent.

NOTE: If claiming reimbursement for travel, you must include copies of receipts and a copy of the travel reimbursement form approved by the Department of Financial Services, Chief Financial Officer.

ATTACHMENT C

Contract Payment Requirements **Florida Department of Financial Services, Reference Guide for State Expenditures** ***Cost Reimbursement Contracts***

Invoices for cost reimbursement contracts must be supported by an itemized listing of expenditures by category (salary, travel, expenses, etc.) Supporting documentation must be provided for each amount for which reimbursement is being claimed indicating that the item has been paid. Check numbers may be provided in lieu of copies of actual checks. Each piece of documentation should clearly reflect the dates of service. Only expenditures for categories in the approved contract budget should be reimbursed.

Listed below are examples of the types of documentation representing the minimum requirements:

- (1) Salaries: A payroll register or similar documentation should be submitted. The payroll register should show gross salary charges, fringe benefits, other deductions and net pay. If an individual for whom reimbursement is being claimed is paid by the hour, a document reflecting the hours worked times the rate of pay will be acceptable.
- (2) Fringe Benefits: Fringe Benefits should be supported by invoices showing the amount paid on behalf of the employee (e.g., insurance premiums paid). If the contract specifically states that fringe benefits will be based on a specified percentage rather than the actual cost of fringe benefits, then the calculation for the fringe benefits amount must be shown.

Exception: Governmental entities are not required to provide check numbers or copies of checks for fringe benefits.
- (3) Travel: Reimbursement for travel must be in accordance with Section 112.061, Florida Statutes, which includes submission of the claim on the approved State travel voucher or electronic means.
- (4) Other direct costs: Reimbursement will be made based on paid invoices/receipts. If nonexpendable property is purchased using State funds, the contract should include a provision for the transfer of the property to the State when services are terminated. Documentation must be provided to show compliance with Department of Management Services Rule 60A-1.017, Florida Administrative Code, regarding the requirements for contracts which include services and that provide for the contractor to purchase tangible personal property as defined in Section 273.02, Florida Statutes, for subsequent transfer to the State.
- (5) In-house charges: Charges which may be of an internal nature (e.g., postage, copies, etc.) may be reimbursed on a usage log which shows the units times the rate being charged. The rates must be reasonable.

For contracts between state agencies, and for contracts between universities, alternative documentation may be submitted to substantiate the reimbursement request. This may be in the form of FLAIR reports or other similarly detailed reports.

The Florida Department of Financial Services, online Reference Guide for State Expenditures can be found at this web address: http://www.fldfs.com/aadir/reference_guide.htm

ATTACHMENT C

Contract Payment Requirements Florida Department of Financial Services, Reference Guide for State Expenditures Cost Reimbursement Contracts

Invoices for cost reimbursement contracts must be supported by an itemized listing of expenditures by category (salary, travel, expenses, etc.) Supporting documentation must be provided for each amount for which reimbursement is being claimed indicating that the item has been paid. Check numbers may be provided in lieu of copies of actual checks. Each piece of documentation should clearly reflect the dates of service. Only expenditures for categories in the approved contract budget should be reimbursed.

Listed below are examples of the types of documentation representing the minimum requirements:

- (1) Salaries: A payroll register or similar documentation should be submitted. The payroll register should show gross salary charges, fringe benefits, other deductions and net pay. If an individual for whom reimbursement is being claimed is paid by the hour, a document reflecting the hours worked times the rate of pay will be acceptable.
- (2) Fringe Benefits: Fringe Benefits should be supported by invoices showing the amount paid on behalf of the employee (e.g., insurance premiums paid). If the contract specifically states that fringe benefits will be based on a specified percentage rather than the actual cost of fringe benefits, then the calculation for the fringe benefits amount must be shown.

Exception: Governmental entities are not required to provide check numbers or copies of checks for fringe benefits.
- (3) Travel: Reimbursement for travel must be in accordance with Section 112.061, Florida Statutes, which includes submission of the claim on the approved State travel voucher or electronic means.
- (4) Other direct costs: Reimbursement will be made based on paid invoices/receipts. If nonexpendable property is purchased using State funds, the contract should include a provision for the transfer of the property to the State when services are terminated. Documentation must be provided to show compliance with Department of Management Services Rule 60A-1.017, Florida Administrative Code, regarding the requirements for contracts which include services and that provide for the contractor to purchase tangible personal property as defined in Section 273.02, Florida Statutes, for subsequent transfer to the State.
- (5) In-house charges: Charges which may be of an internal nature (e.g., postage, copies, etc.) may be reimbursed on a usage log which shows the units times the rate being charged. The rates must be reasonable.

For contracts between state agencies, and for contracts between universities, alternative documentation may be submitted to substantiate the reimbursement request. This may be in the form of FLAIR reports or other similarly detailed reports.

The Florida Department of Financial Services, online Reference Guide for State Expenditures can be found at this web address: http://www.fldfs.com/aadir/reference_guide.htm

ATTACHMENT D

PROGRESS REPORT FORM

DEP Agreement No.:	104SC		
Grantee Name:	Columbia County		
Grantee Address:			
Grantee's Grant Manager:		Telephone No.:	
Reporting Period:			
Provide a description of what expenditures were used for and how such expenditures relate to one of the allowable items described in the Grant Agreement.			
If expenditures were used for a specific project, include how the expenditures relate to the specific project, a description of any problems encountered and problem resolutions.			

Identify below, and attach copies of, any relevant work products being submitted for the project for this reporting period (e.g., photographs of equipment purchased or work accomplished, etc.)

Provide actual costs to date:

Expenditure Category	Amount of Expenditures Prior to this Reporting Period	Amount of Expenditures for this Reporting Period	Total of Amount of Expenditures to Date
Salaries			
Fringe Benefits			
Travel			
Subcontracting			
Equipment			
Supplies/Other Expenses			

This report is submitted in accordance with the reporting requirements of DEP Agreement No. 104SC and accurately reflects the activities and costs associated with the subject project.

Signature of Grantee's Grant Manager

Date

ATTACHMENT E

SPECIAL AUDIT REQUIREMENTS

The administration of resources awarded by the Department of Environmental Protection (*which may be referred to as the "Department", "DEP", "FDEP" or "Grantor", or other name in the contract/agreement*) to the recipient (*which may be referred to as the "Contractor", Grantee" or other name in the contract/agreement*) may be subject to audits and/or monitoring by the Department of Environmental Protection, as described in this attachment.

MONITORING

In addition to reviews of audits conducted in accordance with OMB Circular A-133 and Section 215.97, F.S., as revised (see "AUDITS" below), monitoring procedures may include, but not be limited to, on-site visits by Department staff, limited scope audits as defined by OMB Circular A-133, as revised, and/or other procedures. By entering into this Agreement, the recipient agrees to comply and cooperate with any monitoring procedures/processes deemed appropriate by the Department of Environmental Protection. In the event the Department of Environmental Protection determines that a limited scope audit of the recipient is appropriate, the recipient agrees to comply with any additional instructions provided by the Department to the recipient regarding such audit. The recipient further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the Chief Financial Officer or Auditor General.

AUDITS

PART I: FEDERALLY FUNDED

This part is applicable if the recipient is a State or local government or a non-profit organization as defined in OMB Circular A-133, as revised.

1. In the event that the recipient expends \$500,000 or more in Federal awards in its fiscal year, the recipient must have a single or program-specific audit conducted in accordance with the provisions of OMB Circular A-133, as revised. EXHIBIT 1 to this Agreement indicates Federal funds awarded through the Department of Environmental Protection by this Agreement. In determining the Federal awards expended in its fiscal year, the recipient shall consider all sources of Federal awards, including Federal resources received from the Department of Environmental Protection. The determination of amounts of Federal awards expended should be in accordance with the guidelines established by OMB Circular A-133, as revised. An audit of the recipient conducted by the Auditor General in accordance with the provisions of OMB Circular A-133, as revised, will meet the requirements of this part.
2. In connection with the audit requirements addressed in Part I, paragraph 1, the recipient shall fulfill the requirements relative to auditee responsibilities as provided in Subpart C of OMB Circular A-133, as revised.
3. If the recipient expends less than \$500,000 in Federal awards in its fiscal year, an audit conducted in accordance with the provisions of OMB Circular A-133, as revised, is not required. In the event that the recipient expends less than \$500,000 in Federal awards in its fiscal year and elects to have an audit conducted in accordance with the provisions of OMB Circular A-133, as revised, the cost of the audit must be paid from non-Federal resources (i.e., the cost of such an audit must be paid from recipient resources obtained from other than Federal entities).
4. The recipient may access information regarding the Catalog of Federal Domestic Assistance (CFDA) via the internet at <http://12.46.245.173/cfda/cfda.html>.

PART II: STATE FUNDED

This part is applicable if the recipient is a nonstate entity as defined by Section 215.97(2)(m), Florida Statutes.

1. In the event that the recipient expends a total amount of state financial assistance equal to or in excess of \$500,000 in any fiscal year of such recipient, the recipient must have a State single or project-specific audit for such fiscal year in accordance with Section 215.97, Florida Statutes; applicable rules of the Department of Financial Services; and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. EXHIBIT 1 to this Agreement indicates state financial assistance awarded through the Department of Environmental Protection by this Agreement. In determining the state financial assistance expended in its fiscal year, the recipient shall consider all sources of state financial assistance, including state financial assistance received from the Department of Environmental Protection, other state agencies, and other nonstate entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a nonstate entity for Federal program matching requirements.
2. In connection with the audit requirements addressed in Part II, paragraph 1; the recipient shall ensure that the audit complies with the requirements of Section 215.97(7), Florida Statutes. This includes submission of a financial reporting package as defined by Section 215.97(2), Florida Statutes, and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General.
3. If the recipient expends less than \$500,000 in state financial assistance in its fiscal year, an audit conducted in accordance with the provisions of Section 215.97, Florida Statutes, is not required. In the event that the recipient expends less than \$500,000 in state financial assistance in its fiscal year, and elects to have an audit conducted in accordance with the provisions of Section 215.97, Florida Statutes, the cost of the audit must be paid from the non-state entity's resources (i.e., the cost of such an audit must be paid from the recipient's resources obtained from other than State entities).
4. For information regarding the Florida Catalog of State Financial Assistance (CSFA), a recipient should access the Florida Single Audit Act website located at <https://apps.fldfs.com/fsaa> for assistance. In addition to the above websites, the following websites may be accessed for information: Legislature's Website at <http://www.leg.state.fl.us/Welcome/index.cfm>, State of Florida's website at <http://www.myflorida.com/>, Department of Financial Services' Website at <http://www.fldfs.com/> and the Auditor General's Website at <http://www.state.fl.us/audgen>.

PART III: OTHER AUDIT REQUIREMENTS

(NOTE: This part would be used to specify any additional audit requirements imposed by the State awarding entity that are solely a matter of that State awarding entity's policy (i.e., the audit is not required by Federal or State laws and is not in conflict with other Federal or State audit requirements). Pursuant to Section 215.97(8), Florida Statutes, State agencies may conduct or arrange for audits of State financial assistance that are in addition to audits conducted in accordance with Section 215.97, Florida Statutes. In such an event, the State awarding agency must arrange for funding the full cost of such additional audits.)

PART IV: REPORT SUBMISSION

1. Copies of reporting packages for audits conducted in accordance with OMB Circular A-133, as revised, and required by PART I of this Attachment shall be submitted, when required by Section 320 (d), OMB Circular A-133, as revised, by or on behalf of the recipient directly to each of the following:

- A. The Department of Environmental Protection at the following address:

Audit Director

Florida Department of Environmental Protection
Office of the Inspector General, MS 40
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

- B. The Federal Audit Clearinghouse designated in OMB Circular A-133, as revised (the number of copies required by Sections .320 (d)(1) and (2), OMB Circular A-133, as revised, should be submitted to the Federal Audit Clearinghouse), at the following address:

Federal Audit Clearinghouse
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132

Submissions of the Single Audit reporting package for fiscal periods ending on or after January 1, 2008, must be submitted using the Federal Clearinghouse's Internet Data Entry System which can be found at <http://harvester.census.gov/fac/>

- C. Other Federal agencies and pass-through entities in accordance with Sections .320 (e) and (f), OMB Circular A-133, as revised.
2. Pursuant to Section .320(f), OMB Circular A-133, as revised, the recipient shall submit a copy of the reporting package described in Section .320(c), OMB Circular A-133, as revised, and any management letters issued by the auditor, to the Department of Environmental Protection at the following address:

Audit Director

Florida Department of Environmental Protection
Office of the Inspector General, MS 40
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

3. Copies of financial reporting packages required by PART II of this Attachment shall be submitted by or on behalf of the recipient directly to each of the following:

- A. The Department of Environmental Protection at the following address:

Audit Director

Florida Department of Environmental Protection
Office of the Inspector General, MS 40
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

- B. The Auditor General's Office at the following address:

State of Florida Auditor General
Room 401, Claude Pepper Building
111 West Madison Street
Tallahassee, Florida 32399-1450

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

4. Copies of reports or management letters required by PART III of this Attachment shall be submitted by or on behalf of the recipient directly to the Department of Environmental Protection at the following address:

Audit Director
Florida Department of Environmental Protection
Office of the Inspector General, MS 40
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

5. Any reports, management letters, or other information required to be submitted to the Department of Environmental Protection pursuant to this Agreement shall be submitted timely in accordance with OMB Circular A-133, Florida Statutes, or Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, as applicable.
6. Recipients, when submitting financial reporting packages to the Department of Environmental Protection for audits done in accordance with OMB Circular A-133, or Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, should indicate the date that the reporting package was delivered to the recipient in correspondence accompanying the reporting package.

PART V: RECORD RETENTION

The recipient shall retain sufficient records demonstrating its compliance with the terms of this Agreement for a period of 5 years from the date the audit report is issued, and shall allow the Department of Environmental Protection, or its designee, Chief Financial Officer, or Auditor General access to such records upon request. The recipient shall ensure that audit working papers are made available to the Department of Environmental Protection, or its designee, Chief Financial Officer, or Auditor General upon request for a period of 3 years from the date the audit report is issued, unless extended in writing by the Department of Environmental Protection.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

EXHIBIT – 1

FUNDS AWARDED TO THE RECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

Federal Resources Awarded to the Recipient Pursuant to this Agreement Consist of the Following:					
Federal Program Number	Federal Agency	CFDA Number	CFDA Title	Funding Amount	State Appropriation Category

State Resources Awarded to the Recipient Pursuant to this Agreement Consist of the Following Matching Resources for Federal Programs:					
Federal Program Number	Federal Agency	CFDA	CFDA Title	Funding Amount	State Appropriation Category

State Resources Awarded to the Recipient Pursuant to this Agreement Consist of the Following Resources Subject to Section 215.97, F.S.:						
State Program Number	Funding Source	State Fiscal Year	CSFA Number	CSFA Title or Funding Source Description	Funding Amount	State Appropriation Category
Original Agreement	Solid Waste Management Trust Fund, Line Item 1833	2010-2011	37.012	Small County Consolidated Grants	\$70,588	140134

Total Award					\$70,588	
--------------------	--	--	--	--	-----------------	--

For each program identified above, the recipient shall comply with the program requirements described in the Catalog of Federal Domestic Assistance (CFDA) [<http://12.46.245.173/cfda/cfda.html>] and/or the Florida Catalog of State Financial Assistance (CSFA) [<https://apps.fldfs.com/fsaa/searchCatalog.aspx>]. The services/purposes for which the funds are to be used are included in the Contract scope of services/work. Any match required by the recipient is clearly indicated in the Contract.

ATTACHMENT F

CERTIFICATION OF APPLICABILITY TO SINGLE AUDIT ACT REPORTING

Grantee's Name: Columbia County

Grantee Fiscal Year Period: FROM: _____ TO: _____

Total State Financial Assistance Expended during Grantee's most recently completed Fiscal Year:

\$ _____

Total Federal Financial Assistance Expended during Grantee's most recently completed Fiscal Year:

\$ _____

CERTIFICATION STATEMENT:

I hereby certify that the above information is correct.

Signature

Date

Print Name and Position Title

INSTRUCTIONS FOR COMPLETING THE ATTACHMENT

Grantee Fiscal Year Period: FROM: Month/Year TO: Month/Year

NOTE: THIS SHOULD BE THE GRANTEE'S FISCAL YEAR FROM (MONTH/YEAR) TO (MONTH/YEAR).

Total State Financial Assistance Expended during Grantee's most recently completed Fiscal Year:

NOTE: THIS AMOUNT SHOULD BE THE TOTAL STATE FINANCIAL ASSISTANCE EXPENDED FROM ALL STATE AGENCIES, NOT JUST DEP.

\$ _____

Total Federal Financial Assistance Expended during Grantee's most recently completed Fiscal Year:

NOTE: THIS AMOUNT SHOULD BE THE TOTAL FEDERAL FINANCIAL ASSISTANCE EXPENDED FROM ALL FEDERAL AGENCIES, NOT JUST THROUGH DEP.

\$ _____

The Certification should be signed by your Chief Financial Officer.

Please print the name and include the title and date of the signature.

CERTIFICATION OF APPLICABILITY TO SINGLE AUDIT ACT REPORTING

FREQUENTLY ASKED QUESTIONS

1. **Question:** Do I complete and return this form when I return my signed Agreement/Amendment?

Answer: No, this form is to be completed and signed by your Chief Financial Officer and returned 4 months after the end of your fiscal year.

2. **Question:** Can I fax the form to you?

Answer: Yes, you can fax the Certification form, the fax number is 850/245-2411.

3. **Question:** How can I submit the form if our audit is not completed by the due date of this letter?

Answer: You should be able to complete the form from the information in your accounting system. This is just to let our Office of the Inspector General know which entities they should be getting an audit from. If you are under the threshold you do not have to submit a copy of your audit, only the Certification form.

4. **Question:** Do you only want what we received from DEP?

Answer: No, the Single Audit is the TOTAL AMOUNT of funds that you expended towards all state or federal grants that you receive. You should list those that are specific to DEP on the form.

5. **Question:** Do I have to submit the completed form and a copy of my audit?

Answer: No, you do not have to submit your audit unless you are over the threshold of \$500,000. If you would prefer to submit your audit (CAFR) instead of the form, that is fine. You must submit a paper copy of your audit, we cannot receive it electronically.

6. **Question:** Our CAFR will not be ready before your due date and we don't have the information necessary to complete the certification. Can we get an extension?

Answer: Yes, just send us an Email letting us know when you will have your CAFR completed and we will place the Email with your letter in our file so that you don't get a 2nd notice.

7. **Question:** Can I submit my Certification Form or CAFR electronically?

Answer: Yes, you can submit them by Email to Debbie.skelton@dep.state.fl.us



Received
JUN 10 2010
Florida Department of Environmental Protection BSHW

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

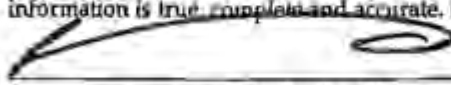
Jeff Kottkamp
Lt. Governor

Michael W. Solé
Secretary

CONSOLIDATED SMALL COUNTY SOLID WASTE MANAGEMENT
GRANT APPLICATION

1. Name of County: Columbia
2. Address of County: 1347 NW Oosterhoudt Lane
Lake City, FL 32055
3. Federal Employer Identification Number: 59-6000564
4. Name and Title of Contact Person (person handling program on a daily basis):
Name: William W. Lycan Title: Solid Waste Director
5. Address of Contact Person: 1347 NW Oosterhoudt Lane
Lake City, FL 32055
6. Telephone Number of Contact Person: (386) 752-6050
7. Population of County: 66,409 T.P.
8. Purpose for which grant money is requested. (Indicate by checkmarks): Rule 62-716.510 (1)
- | | |
|---|--|
| <input type="checkbox"/> a. Purchasing or repairing solid waste scales | <input checked="" type="checkbox"/> e. Maintenance of solid waste facilities |
| <input checked="" type="checkbox"/> b. Annual solid waste management program operating costs (may include waste tire and litter control and prevention) | <input checked="" type="checkbox"/> f. Education for employees or public |
| <input type="checkbox"/> c. Planning | <input checked="" type="checkbox"/> g. Recycling demonstration projects |
| <input type="checkbox"/> d. Construction of solid waste facilities | |
9. Name and Title of Authorized Representative:
Name: Ronald Williams Title: Chairman
10. This application is due by July 1. of each year.
11. E-Mail Address: bill_lycan@columbiacountyfla.com
12. Is your County Self-Insured for Liability Insurance, appropriate and allowable under Florida Law? YES: ☐ NO: ☒
If your county is self-insured, we must have a written statement from your Chief Financial Officer stating this. (Please Attach).
13. How does your County plan to submit Reimbursement Request? (Indicate by checkmarks): Quarterly: ☒ Monthly: ☐

I CERTIFY that I am familiar with the Information contained in this application, and that to the best of my knowledge and belief such information is true, complete and accurate. I further certify that I possess the authority to apply for this grant on behalf of this county.


Signature of Authorized Representative

6-3-10
Date

Please return form to:
Department of Environmental Protection
Solid Waste Section * Mail Station # 4555 * 2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Attachment A - Grant Application

Page 1 of 1

5/10- FY10/11

Adams, Bobby

To: bill_lycam@columbiacountyfla.com
Subject: FW: New Grant Work Plan and Budget/Cost Analysis Form
Attachments: DEP Budget-Cost Analysis Form.xls; Sample Work Plan Ideas.docx; Columbia Grant Work Plan rev 7-19-10.doc

The forms that are attached to this message must be filled out, returned and approved before your county's new grant agreement can be written. As I mentioned in last week's memo, new legislation became effective July 1, 2010 and it has changed almost everything. We must rely on you to provide us with the necessary information we need to get the grant agreement written and signed.

What we now have are really contracts for specific purposes (tasks, deliverables) that must be listed and documented before the grant is approved. They are still considered "grants" because you don't have to compete with other counties to get your share of the appropriation contained in the state budget. Once your grant agreement is approved, you can only be reimbursed for the items you have indicated on the two forms attached. If any changes are required later, a formal amendment to the grant agreement will have to be written and executed.

There are instructions for completing these forms contained with them. If you have questions, please contact me. So far we have not had any of the new agreements approved but we have received some work plans and are starting to get a better idea of what is required. I have also attached some "sample" ideas that might help your thought process. We will expand these as we get more examples.

Tony Partin (850) 245-8787 Tony.Partin@dep.state.fl.us and I (850) 245-8736 are here to assist you however we can.

Bobby Adams
Waste Reduction Section

DEP BUDGET-COST ANALYSIS FORM

PROJECT TITLE: COLUMBIA COUNTY LITTER REMOVAL 1045C

BUDGET DETAIL					COST ANALYSIS			
Budget items below to be provided by the Contractor . See attached instructions.					Cost Analysis to be completed by the Department Contract Manager. See attached instructions.			
					Allowable	Reasonable	Necessary	COMMENTS (Basis for Decision)
1. PERSONNEL EXPENSES A. Salaries - (Name/Title/Position) <div> <div>Hourly Cost (\$)</div> <div>Hours</div> <div>Totals (\$)</div> <div> <div>*</div> <div>=</div> <div>0</div> </div> <div> <div>*</div> <div>=</div> <div>0</div> </div> <div> <div>*</div> <div>=</div> <div>0</div> </div> <div> <div>*</div> <div>=</div> <div>0</div> </div> <div> <div>*</div> <div>=</div> <div>0</div> </div> <div> <div>*</div> <div>=</div> <div>0</div> </div> <div> <div>*</div> <div>=</div> <div>0</div> </div> <div> <div>Total Salaries</div> <div>0</div> </div> </div>								
B. Fringe Benefits (Rate% * Total salaries applicable) <div> <div>Rate %</div> <div>Total Sal. App.</div> <div>Total \$</div> <div> <div>0.00%</div> <div>*</div> <div>0</div> </div> <div> <div>=</div> <div>0</div> </div> </div>								
Total Personnel Expenses (A+B)								
2. Supplies Description <div> <div>Unit Cost \$</div> <div>Quantity</div> <div>Totals \$</div> <div> <div>*</div> <div>=</div> <div>0</div> </div> <div> <div>*</div> <div>=</div> <div>0</div> </div> <div> <div>*</div> <div>=</div> <div>0</div> </div> <div> <div>Total Supplies</div> <div>0</div> </div> </div>								
3. Equipment Description <div> <div>Unit Cost \$</div> <div>Quantity</div> <div>Totals \$</div> <div> <div>*</div> <div>=</div> <div>0</div> </div> <div> <div>*</div> <div>=</div> <div>0</div> </div> <div> <div>*</div> <div>=</div> <div>0</div> </div> <div> <div>Total Equipment</div> <div>0</div> </div> </div>								
4. Travel Purpose/Destination <div> <div>Days</div> <div>Per Diem \$</div> <div>Fare/Rate \$</div> <div>Mileage</div> <div>Totals \$</div> <div> <div>[]</div> <div>*</div> <div>[]</div> <div>+</div> <div>[]</div> <div>*</div> <div>[]</div> <div>=</div> <div>0</div> </div> <div> <div>[]</div> <div>*</div> <div>[]</div> <div>+</div> <div>[]</div> <div>*</div> <div>[]</div> <div>=</div> <div>0</div> </div> <div> <div>[]</div> <div>*</div> <div>[]</div> <div>+</div> <div>[]</div> <div>*</div> <div>[]</div> <div>=</div> <div>0</div> </div> <div> <div>Total Travel</div> <div>0</div> </div> </div>								



Received
JUN 10 2010
Florida Department of
Environmental Protection BSHW

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kotkamp
Lt. Governor

Michael W. Sole
Secretary

CONSOLIDATED SMALL COUNTY SOLID WASTE MANAGEMENT
GRANT APPLICATION

1. Name of County: Columbia
2. Address of County: 1347 NW Osterhoudt Lane
Lake City, FL 32055
3. Federal Employer Identification Number: 59-6000564
4. Name and Title of Contact Person (person handling program on a daily basis):
Name: William W. Lycan Title: Solid Waste Director
5. Address of Contact Person: 1347 NW Osterhoudt Lane
Lake City, FL 32055
6. Telephone Number of Contact Person: (386) 752-6050
7. Population of County: 66,409 T.P.
8. Purpose for which grant money is requested. (Indicate by checkmarks); Rule 62-716.510 (1)
- | | |
|---|--|
| <input type="checkbox"/> a. Purchasing or repairing solid waste scales | <input checked="" type="checkbox"/> e. Maintenance of solid waste facilities |
| <input checked="" type="checkbox"/> b. Annual solid waste management program operating costs (may include waste tire and litter control and prevention) | <input checked="" type="checkbox"/> f. Education for employees or public |
| <input type="checkbox"/> c. Planning | <input checked="" type="checkbox"/> g. Recycling demonstration projects |
| <input type="checkbox"/> d. Construction of solid waste facilities | |
9. Name and Title of Authorized Representative:
Name: Ronald Williams Title: Chairman
10. This application is due by July 1, of each year.
11. E-Mail Address: bill_lycan@columbiacountyfla.com
12. Is your County Self-Insured for Liability Insurance, appropriate and allowable under Florida Law? YES: ☐ NO: ☒
If your county is self-insured, we must have a written statement from your Chief Financial Officer stating this. (Please Attach).
13. How does your County plan to submit Reimbursement Request? (Indicate by checkmarks): Quarterly: ☒ Monthly: ☐

I CERTIFY that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such information is true, complete and accurate. I further certify that I possess the authority to apply for this grant on behalf of this county.


Signature of Authorized Representative

6-3-10
Date

Please return form to:
Department of Environmental Protection
Solid Waste Section * Mail Station # 4555 * 2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Attachment A - Grant Application

Page 1 of 1

5/10-FY10/11

District No. 1 - Ronald Williams
District No. 2 - Dewey Weaver
District No. 3 - Jody DuPree
District No. 4 - Stephen E. Bailey
District No. 5 - Scarlet P. Frisina

#16



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

MEMORANDUM

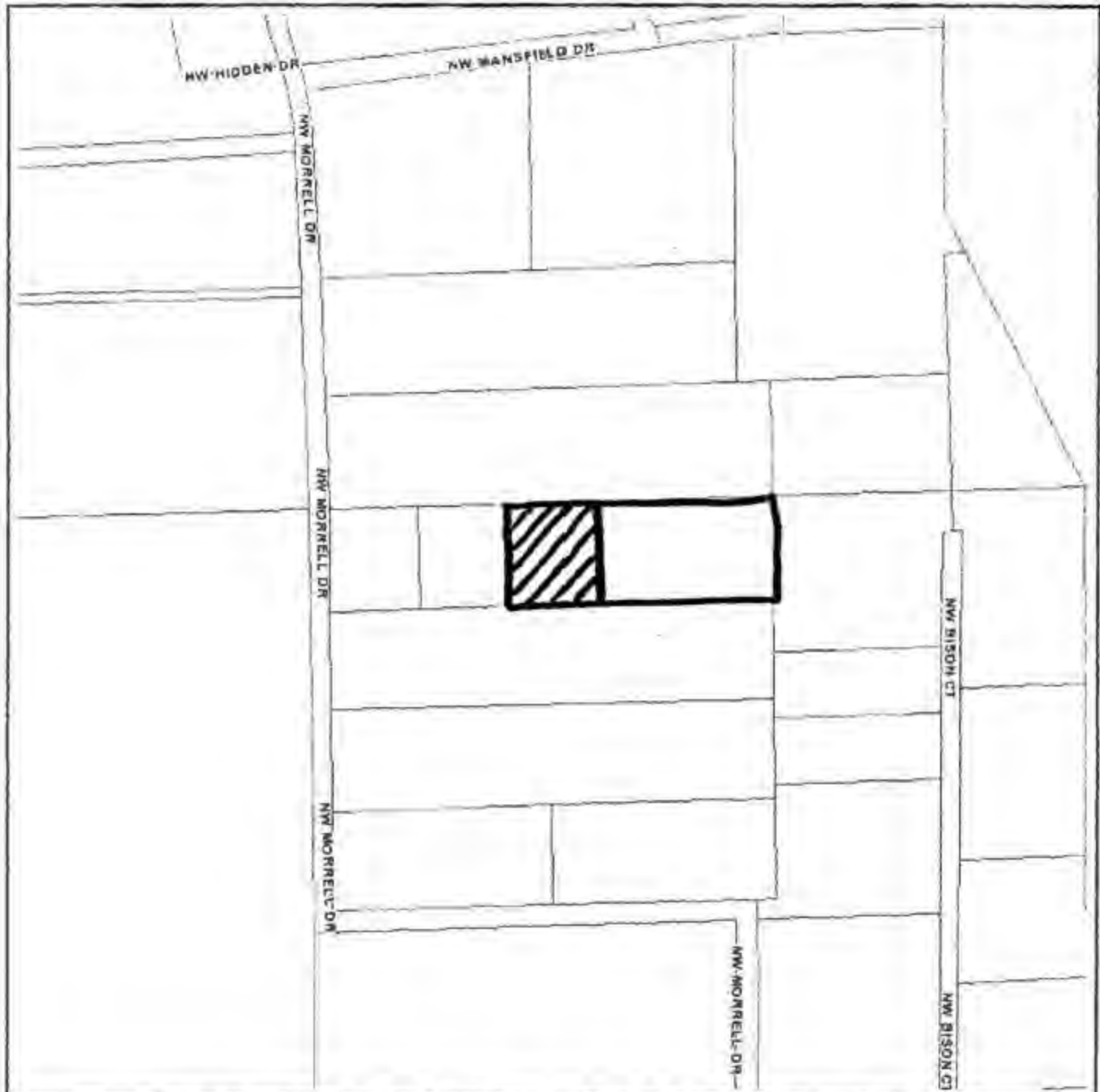
Date: 10 November 2010
To: Lisa K.B. Roberts, Assistant County Manager
From: Brian L. Kepner, County Planner *BLK*
Re: Special Family Lot Permit Application for Board of County
Commissioner Consent Agenda

Please find attached a request for a Special Family Lot Permit. Please place on the consent agenda for the 18 November 2010 Board of County Commissioner meeting. Thank you in advance for your time and consideration.

NOVEMBER 18, 2010
BOARD OF COUNTY COMMISSIONERS MEETING
BUILDING AND ZONING DEPARTMENT
SPECIAL FAMILY LOT PERMITS
CONSENT AGENDA

FL10-13 – Immediate Family Member: Cassie L. Edenfield
Parent Parcel Owner: Wilson and Vera Edenfield
Family Relationship: Daughter
Acreage Being Deeded: 2.02
Acreage Remaining: 3.95
Location of Property: See attachment “A”

Requesting approval of the Special Family Lot permit as indicated above. Meets the requirements of Section 14.9 of the Land Development Regulations, as amended. Staff recommends approval.



Columbia County Property Appraiser

J. Doyle Crews - Lake City, Florida 32055 | 386-758-1083

PARCEL: 14-2S-16-01608-007 - SINGLE FAM (000100)

COMM NW COR OF SEC, RUN E ALONG N LINE OF SEC 1383.96 FT TO E RW MORRELL RD FOR POB, CONT E 1379.84 FT, S 316.10 FT, W 1379.84 FT, N 316.10 FT TO POB

Name: EDENFIELD WILSON L & VERA L

Site: 779 NW MORRELL DR

Mail: 779 NW MORRELL DRIVE

White Springs, FL 32096-9603

Sales Info 12/15/1993

\$18,000.00 V / Q

2010 Certified Values

Land	\$18,237.00
Bldg	\$68,500.00
Assd	\$90,045.00
Exmpt	\$50,000.00
	Cnty: \$40,045
Taxbl	Other: \$40,045 Sch: \$85,045

NOTES:



This information, GIS Map Updated: 10/14/2010, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

powered by
GrizzlyLogic.com

gray

#17

Columbia County Board of County Commissioners
JOINT WORKSHOP
October 05, 2010

The Columbia County Board of County Commissioners and the Industrial Development Authority met in a scheduled joint meeting at the School Board Administrative Complex at 6:00 p.m.

IN ATTENDANCE:

County Commissioners Present: Stephen Bailey, Ronald Williams, Dewey Weaver, Scarlet Frisina, and Jody Dupree.

Others for the County Commission: County Manager Dale Williams
County Attorney Marlin Feagle
Attorney Greg Stewart
Asst. County Manager Lisa Roberts
Deputy Clerk Sandy Markham
Richard Powell, CPA

Workshop Purpose:

The topic for discussion relates to Economic Tax Abatement which resulted from the "Agreed Upon Procedures" conducted by Richard Powell, C.P.A., Powell & Jones, C.P.A.'s and Greg Stewart, attorney, Nabors, Giblin & Nickerson.

Review of Tax Abatement Questions and Answers:

Various questions produced by the Columbia County Industrial Development Authority and the Board of County Commissioners pertaining to tax abatement were forwarded to Greg Stewart, Attorney, Nabors, Giblin and Nickerson and Richard Powell, CPA for answers. Both sets of questions and answers have been attached to the original minutes. The County Manager summarized the questions and answers. The Board had discussion

Tax Abatement Recommendations:

Future tax abatements shall be administered in accordance with F.S. 196.1995 (10). Applications for tax abatement shall be made to the Board of County Commissioners. The Property Appraiser will assist in the review of the application and provide specific information in accordance with Florida Statutes. Approved request for abatement will be formalized in ordinance form complying with F.S. 196.1995 (10). Abated taxes will show as an adjustment on the tax bill.

All economic development agreements (other than tax abatement) negotiated with a new (or expanding) business would be formalized in a separate contract(s).

The minimum capital investment for a qualified business to apply for tax abatement shall be \$250,000. The minimum number of new jobs created to apply for tax abatement shall be 10.

The goal of the county should be for 100% of all new jobs created to be local (employee resides within Columbia County); however, this goal is not realistic for all situations. The total number of jobs that shall be offered to Columbia County residents shall be a factor to be considered by the Board of County Commissioners in determining whether to approve tax abatement or not.

The base number of years that tax abatement shall be approved for is five (5). Additional years (up to the maximum of 10) shall be approved on a case by case basis upon request. Factors to be considered in granting tax abatement shall include but is not limited to the total amount of capital investment, the total number of jobs created and the percentage of new jobs to be filled with Columbia County residents.

The meeting adjourned at 6:50 p.m.

Ronald Williams, Chairman
Board of County Commissioners

ATTEST:

P. DeWitt Cason
Clerk of Circuit Court

COLUMBIA COUNTY BOARD of COUNTY COMMISSIONERS

Minutes of
October 21, 2010

The Board of County Commissioners met in a regularly scheduled meeting at the School Board Administration Office. The meeting opened at 7:00 p.m. with prayer. The Pledge of Allegiance to the Flag of the United States of America followed.

Commissioners in Attendance:

Ronald Williams (Chairman)
Jody DuPree
Stephen Bailey
Scarlet Frisina

Others in Attendance:

County Manager Dale Williams
Attorney Marlin Feagle
Deputy Clerk Sandy Markham
BCC Secretary Carolyn Baker

Commissioners Not in Attendance:

Dewey Weaver

Proposed Agenda

The County Manager requested that Consent Agenda items #10 and #11 be removed from the current agenda and placed on the November 04, 2010 agenda.

MOTION by Commissioner Bailey to adopt the consent agenda as amended. Second by Commissioner Frisina. The motion carried unanimously.

Citizen Input

There were no requests to speak.

Building & Zoning

(1) Z0523 - T-Price Corp. and Westridge, Inc. – The request is to change the zoning district from Agricultural-3 to Planned Rural Residential Development [Ordinance 2010-19].

The public hearing opened and closed without input.

MOTION by Commissioner DuPree to approve. Second by Commissioner Bailey. The motion carried unanimously.

NFBA Tower Lease

Network Specialist Todd Manning provided the commissioners with a copy of the draft lease between Columbia County and the North Florida Broadband Authority for Broadband

tower usage on Franklin Street. There is concern that the tower will be "maxed out" on the amount of weight it is engineered to support. If this happens, nothing else can be added to the tower without the county first making modifications. The Board will take time to review the lease and will take up this issue again at the November 04, 2010 meeting. Attorney Feagle said that he is in the process of reviewing the lease and will be ready to discuss the lease at the next meeting.

Consent Agenda

MOTION by Commissioner DuPree to approve the Consent Agenda. Second by Commissioner Frisina. The motion carried unanimously.

- (1) Building and Zoning – Permit Fee Refund Request-A&B Construction- \$189.00
- (2) Building and Zoning – Permit Zoning Fee Refund Request – Wendy Grennell - \$75.00
- (3) External Budget Amendment – Purchasing – BA #10-01 – Computer Purchase - \$903.00
- (4) Purchasing – Peter Brown Construction, Inc. – Change Order #3 – Fort White Library – \$2,318.65
- (5) Columbia County Emergency Medical Services – Refund Request – 102536 – Overpayment Department AT - \$489.35
- (6) Agreement - North Central Florida Regional Planning Council, Inc./Columbia County Board of County Commissioners – FY 2009 Community Development Block Grant DCA Award Agreement and Special Conditions Documentation - \$750,000.00
- (7) Agreement – North Central Florida Regional Planning Council, Inc./Board of County Commissioners – CDGB Administrative Services Agreement - \$107,000.00
- (8) Minute Approval – Board of County Commissioners – Final Budget Hearing – September 23, 2010
- (9) Roadside Memorial Marker – Jalissah Nichole Johnson, Deceased – County Road 18, 1 Mile East of Fort White on East Side of the Road
- (10) Supervisor of Elections – DBF-AA-402 & DBF-AA-403 – Statement of Revenue, Expenditures – End of Budget Year – 2009-2010 - \$6,011.60 – Requesting Return of Funds to #181 – Supervisor of Elections Account
- (11) Sheriff's Office – Constitutional Officer's Financial Report – Fiscal Year 2009-2010 – \$181,589.39 – Requesting return of Funds in the Amount of \$170,000.00 (\$150,000 OT/Comp. Time, \$10,000 Repair and Maintenance, \$10,000 Judicial-Contingency Fund) To Fiscal Year 2010-2011 Budget

- (12) External Budget Amendment – Sheriff's Office - #2 – BA #10-02 – Subsistence Costs and Reimbursed Medical Costs Generated at Detention Facility - \$3,576.59
- (13) Columbia County Emergency Medical Services – Refund Request – United Healthcare (AARP) - \$825.00
- (14) Columbia County Emergency Medical Services – Refund Request – Medicare Recovery Part B - \$3,300.00
- (15) Sheriff's Office – Equitable Sharing Agreement and Certification – Task Force – \$475,731.73
- (16) Utility Permit – Comcast Cable – SE Baya Drive
- (17) Bid Award – CA Boone Construction – Bid No. – 2008-02-A – SW Old Wire Road - \$1,439,303.00
- (18) 9-1-1 Addressing – Approval of Street/Road Names – NE Seedling Loop & NE Treetop Glen

Tax Abatement Policy - Informational

A joint meeting was held on October 05, 2010 between the Industrial Development Authority and the Board of County Commissioner. In that meeting a consensus was reached that the county would move from rebating, to a system of abating ad valorem taxes. This would be done in accordance with Florida Statute 196.

The Board also discussed establishing guidelines as to how the County would administer future tax abatement requests. The County Manager said in preparing the policy, he began reviewing the older legal opinions that were rendered regarding this issue. The County Manager said that he believes that he may have been misinterpreting these opinions.

The County Manager said that it was recommended that the county would adopt an ordinance as to each entity requesting the exemption. He said he thinks that the general thought, when first reading the opinions, was that the people who received the exemption would do so by ordinance. Upon further review, the County Manager said that he feels the County is going to have to do a Master Ordinance.

The County Manager asked the Board to establish a public hearing date to consider the draft ordinance. The draft ordinance expands on the exemptions, which the Board will need to make themselves familiar with prior to the public hearing. A copy of the old Local Incentive Ordinance (adopted in 2004) is also being provided to the Board to refresh their memory.

A public hearing date of November 18 was suggested. The IDA would like to comment at the public hearing. A list of IDA's thoughts and comments will be compiled as soon as

possible and given to each commissioner. This will give commissioners time to begin thinking about the IDA's positions prior to the public hearing.

MOTION by Commissioner Frisina to set the public hearing to consider the Tax Abatement Policy for November 18, 2010. Second by Commissioner Dupree.

Combined Fire/Rescue – Standard Operating Procedures

An organizational chart has been adopted and the Committee is in the process of changing management to a more merged structure. Part of the process is to adopt SOPs, which will govern employees within that department.

There is one union shop [EMS] and one non-union shop. Care must be taken to ensure that the adopted SOPs are in accordance with the Collective Bargaining Agreement. The County's labor attorney is working on this, and the staff is in the midst of negotiations with the Union. The SOPs should not be adopted until the county is certain that there will be no issues with the Collective Bargaining Agreement.

The Board was asked to continue reviewing the SOPs and providing comments. The draft in the packet does not have the most current comments included, but a draft will be provided to the Board as soon as possible.

Vacant Litter Control Operator Position

This vacant position is at the Winfield Solid Waste Facility. This is an enterprise fund; there are no property taxes or state shared revenue included in this budget. The position is a requirement of the DEP Operating Permit. This is a position that needs to be refilled. Impacts from ad valorem and state revenue sharing will not impact this position.

MOTION by Commissioner Dupree to fill the vacant position. Second by Commissioner Bailey. The motion carried unanimously.

Tax Incremental Financing ("TIF")

The IDA is requesting clarification on the use of TIF funds. At the October 05 meeting, there was discussion regarding the possibility of using TIF to finance certain economic development projects. There needs to be a very clear understanding of the Board's position in this regard.

The County Manager said that it is his understanding that TIF funds for economic development should only be used when they inure to infrastructure that is the responsibility of the county. TIF money should not be used in order to guarantee a debt of a private company.

A lengthy discussion ensued.

MOTION by Commissioner Frisina to allow IDA to use TIF for infrastructure only.
Second by Commissioner Dupree. The motion carried unanimously.

Commissioner Dupree recalled previous conversations with the County Manager regarding the creation of a TIF fund similar to that of the City's that could be used in building the infrastructure at Ellisville. He asked what it would take to get that started.

Attorney Feagle answered that it would take going through the procedures outlined in Florida Statutes to develop the Ellisville TIF Fund.

MOTION by Commissioner DuPree to develop a TIF fund at the Ellisville area and to take whatever steps are necessary to "make that happen." Second by Commissioner Bailey. The motion carried unanimously.

Adjournment

There being no further business to come before the Board, the meeting adjourned at 8:45 p.m.

Ronald Williams, Chairman
Board of County Commissioners

Attest:

P. DeWitt Cason
Clerk of Circuit Court